Government of
Saskatchewan

Annual Report
1986-87

Saskatchewan
Medical Care
Insurance
Commission

88-05604/

Saskatchewan Medical Care Insurance Commission

T.C. Douglas Building
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Annual Report For the Year Ending March 31, 1987

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Minister

of Heath

The Honourable F.W. Johnson
Lieutenant Governor
Province of Saskatchewan

Sir:

I have the honour of submitting the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1987.

Respectfully submitted,

George McLeod
Minister of Health

Saskatchewan
Medical Care
Insurance
Commission

The Honourable George McLeod
Minister of Health
Regina, Saskatchewan

Sir:

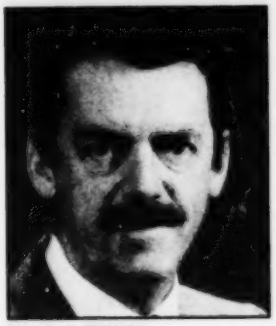
I have the honour of submitting the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1987.

Respectfully submitted,

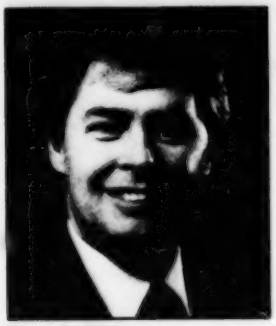
Charles J. Wright, M.B., F.R.C.S.(C).
Chairman

Members of the Commission

March 1987



Dr. C.J. Wright
Chairman
Saskatoon

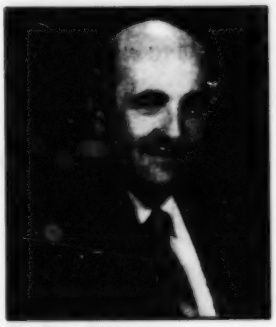


Dr. J.A. Breker
Vice-Chairman
North Battleford

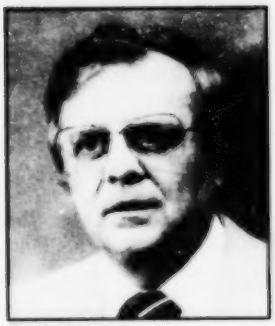
Mr. W. Podiluk
Deputy Minister
of Health
Regina

Dr. L. Brand
Saskatoon

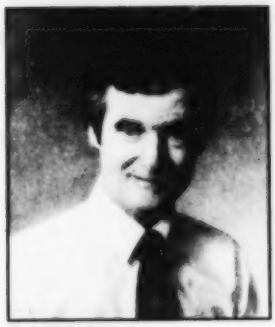
Dr. M.M. Fraser
Regina



Dr. D.L. Keegan
Saskatoon

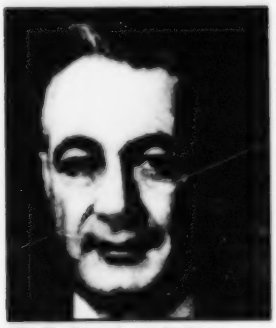


Dr. L. Lavoie
Melfort



Dr. W.P. Reed
Regina

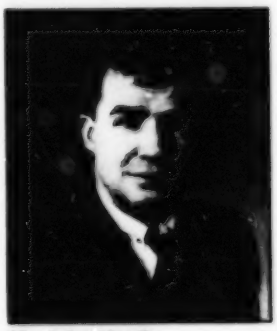
Ms. L. Siemens
Regina



Mr. E. Sonnenschein
Saskatoon

Dr. A. Strudwick
Fort Qu'Appelle

Executive Director



Mr. John Heath
Regina

The Plan in Brief

11	Comprehensive	Most services by physicians, refractions by optometrists and visit and x-ray services by chiropractors are insured for all eligible residents.
8	Commission Administered	The Commission is appointed by the Government, a minimum of three commissioners are practising physicians.
11	Simple Eligibility Requirements	New residents of the Province are required to register and are provided with benefits from the first day of the third month following the date they establish residence in the Province.
—	No Restrictions Due to Pre-existing Conditions	No matter what previous health problems existed a beneficiary is entitled to all insured services.
—	Free Choice by Patient	A beneficiary may select any physician, optometrist or chiropractor desired.
—	Provider of Service has Free Choice	The Plan does not prevent a physician, optometrist or chiropractor from accepting or declining any patient.
13	Coverage Anywhere in the World Without Prior Approval of the Plan	Payment is generally made at Saskatchewan rates.
11	Immediate Coverage for Certain Special Residents	Certain special residents qualify for coverage immediately on arrival in Saskatchewan.
13	No Authorized Extra Charge	A provider of service may not knowingly extra bill for insured services.
13	Physician has Several Choices of Billing	A physician may bill the Plan directly; bill through an approved agency; or bill the patient who may send the account to the Plan.
11	Financial Support of Plan	The Plan is supported by general revenues to which contributions are made to the Province under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.

1986-87 Highlights

31 In 1986-87, 87.3% of the Province's population, or 909,024 persons, received insured medical services from physicians at an average cost per person of $184.01.

26 The number of claims processed in 1986-87 increased by 459,000 over the previous year to a total of more than eight million.

30 Insured visit services by chiropractors increased to 883,600 from 763,300 in the previous year.

45 Benefit rates for chiropractic services in 1986-87 resulted in an average payment per active chiropractor of $108,400.

45 In 1986-87 benefits for insured optometric services resulted in an average payment per optometrist of $66,000.

25 Benefits paid for insured services totalled $206,545,000, a 9.3% increase over the $189,032,000 paid in 1985-86.

25 Administration costs for fiscal year 1986-87 were 2.9% of total program costs, decreased from 3.4% in 1985-86.

44 The average M.C.I.C. payment for physicians receiving $30,000 or more in Commission payments was $158,700. Overhead costs of office practice have to be paid from that amount.

39 The number of active physicians in Saskatchewan increased from 1,104 in 1985-86 to 1,132 in 1986-87. The numer of active optometrists increased from 84 to 87 and the number of active chiropractors increased from 83 to 89.

The Saskatchewan Medical Care Insurance Plan

Introduction

The Medical Care Insurance Plan, inaugurated on July 1, 1962 under The Saskatchewan Medical Care Insurance Act 1961, provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians, services by chiropractors and optometrists.

The Plan is financed through the Medical Care Insurance Fund. The fund is supported by an appropriation made by the Legislature from the Consolidated Fund to which contributions are made by the Federal Government under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.

Newcomers to the Province are generally eligible for benefits from the first day of the third month following the date they establish residence in the Province. Eligibility is solely dependent upon registration. All beneficiaries under the Plan receive the same coverage regardless of age or state of health.

The Commission

The Medical Care Insurance Plan is administered by a Commission consisting of not less than seven nor more than eleven members responsible to the Minister of Health. In 1986-87 there were eleven members. Two physician members are nominated by the Saskatchewan Medical Association. Another physician member is nominated by the Dean of Medicine, University of Saskatchewan. Each commissioner is appointed for a three-year term of office and may be reappointed, but cannot serve more than two terms consecutively.

Dr. C.J. Wright is Chairman of the Commission.

Responsibilities of the Commission and Government

The general responsibilities of the Commission are stated in The Act to be the establishment and administration of a plan of medical care insurance for the residents of the Province. Regulatory powers are assigned in The Act to both the Lieutenant Governor in Council and the Commission, with responsibilities generally divided as follows:

(a) Lieutenant Governor in Council (Cabinet):

1. All matters concerning basic fiscal and related policies - e.g. financing of the Plan.
2. All matters affecting the coverage of the Plan - e.g. services to be insured, beneficiaries to be covered.

The Lieutenant Governor in Council may not make any regulations substantially affecting the operation of the Plan without first consulting the Commission.

(b) Commission:

1. All matters governing arrangements to pay for insured services.
2. All matters governing rates of payment to providers of service, methods of payment, and assessment of accounts.

Before making any regulations altering the general rates of payment for insured physician services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Administrative Organization

The organization chart on page 9 reflects the Commission's dedication to a program that blends efficient processing of claims with economical use of resources, so that by far the major part of total funds allocated to the Commission is spent in providing benefits for insured services.

Executive Branch

Executive Director, Mr. J. Heath is responsible to the Commission for the overall administration of the Plan.

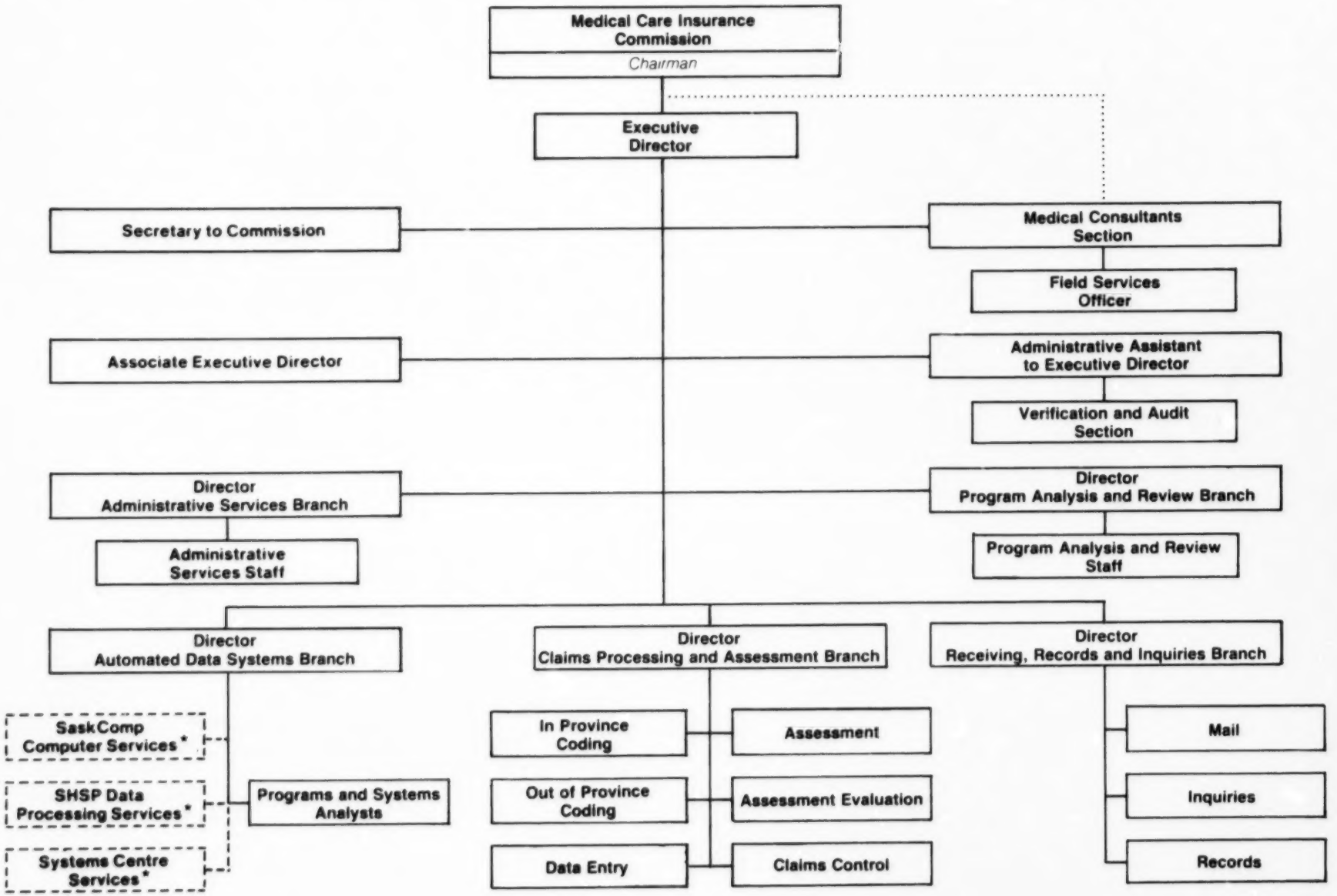
Administrative Assistant, Mr. B. Middlemiss is responsible for the review of legislation and regulations and performs the function of secretariat for a number of committees, both internal and those involving discussions with representatives of other health agencies and practitioner associations.

Commission Secretary, Mrs. J. Merrells carries out secretarial duties for the Commission and the Chairman and a wide variety of tasks associated with correspondence and inquiries related to Commission business.

Verification and Audit Section, directed by Mr. D. Trew, who with a staff of 4, is responsible for routine and special verification of claims and audit programs. Reports on verification responses and various audit matters are prepared for review by a MCIC Medical Consultant, the Joint Professional Review Committee and the Commission.

Medical Consultants Section, Dr. J.P. Barschel and Dr. J.M.R. Garson provide an essential insight into clinical and medical aspects of internal committee discussions in addition to those involving other health organizations and agencies. Their expertise is vital to the development, formulation and continued monitoring of criteria for the assessment of claims. They provide guidance through consultative services in respect of difficult or complex claims. The consultants assist physicians in the field and their office staffs concerning the schedule of benefits, billing and claims assessment.

Organization of the Saskatchewan Medical Care Insurance Commission



* Indicates contractual arrangements with these agencies

March 1987

Field Services Officer, Mrs. R. Naujok travels throughout the Province to physicians who have direct payment agreements with the Commission and other practitioners on request. This personal service for physicians and their office staff provides a means whereby problems with claims can be sorted out on the spot or brought back to MCIC for resolution through discussion with one of the medical consultants.

Administrative Services Branch

Mr. L.D. Hamblin, the Director, and his staff are responsible for coordinating the overall budget preparation, general accounting, making benefit payments to practitioners and to beneficiaries, numerous personnel services, the acquisition of equipment and supplies and arranging for office space and its reorganization as required.

Receiving, Records and Inquiries Branch

The Director, Mr. R.G. Crawford, and a staff of 19 are responsible for the Commission's mail services involving, incoming and outgoing, approximately 800 packets per day; management of claims records, numbering in the millions; responses to some 600 inquiries per week from the public, practitioners and their office staff.

Claims Processing and Assessment Branch

Mr. R. Herauf, the Director, and a staff of 85 are responsible for the screening, coding and other preparation of claims for computer processing. In 1986-87 more than 8.3 million claims were approved for payment.

The staff who scan, check and code some 35,000 claims each day provide an indispensable and crucial first step towards an efficient end product. When the first phase is completed the details on the claims are transferred to magnetic tape for high speed processing with past and present file information, numerous checks and assessment rules.

The effective processing of the large volume of claims depends on the skills and dedication of key-edit staff, to assure the integrity of data being passed to the computer.

Complex and multifaceted claims are separated from the main stream, for handling by an assessment team with special training and knowledge for this task. A further category of the most difficult claims requires particular consideration by the Medical Consultants. Assessment staff also participate in the development of assessment policies and evaluation of computer assessment rules.

Automated Data Systems Branch

Mr. P. Jmaeff directs an organizational unit in MCIC established to provide greater impetus and cohesion to responsibilities for the operation of electronic and automated systems. The Director and his staff are also responsible for the operation of the Commission's internal network of computer facilities and word processor equipment. In addition, this unit coordinates the Commission requirements in relation to the contractual services obtained through the Saskatchewan Computer Utility Corporation, the Provincial Government Systems Division and the Saskatchewan Hospital Services Plan. Mr. Jmaeff participates on behalf of the Commission in a number of committees providing interface between various agencies in Saskatchewan Health.

Computer Services

Routine assessment and approval of accounts for payment is performed by computer under a contractual arrangement with the Saskatchewan Computer Utility Corporation. A computer check of each claim is made against stored information to determine whether it may be approved. Claims which fail the computer check are referred to Claims Processing and Assessment Branch for follow-up action.

Maintenance of computer programs is carried out under a contractual arrangement with the Systems Centre.

Program Analysis and Review Branch

Mr. V. Gwin, Director, and staff are responsible for statistical studies into trends in the utilization of services and their associated costs. These are essential for effective management.

Studies are based on data available from the Commission's operation and from information interchange with other organizations in the health field.

Statistical information is made available to the Colleges and Associations of the various practitioners whose services are covered by the Commission.

In addition, major responsibilities of the Director include continuing analysis and review with the Medical Consultants, of the Commission's schedules of benefits, and participation in committees involved with health care information at the provincial and inter-provincial levels.

Registration

Registration of beneficiaries is carried out by Health Insurance Registration, Information Systems Branch.

Medical Care Insurance Fund

All payments by the Plan are made from the Saskatchewan Medical Care Insurance Fund. The fiscal year for reporting covers the period April 1 to March 31. Transactions are recorded on a cash rather than an accrual basis. Thus, the payments and receipts reported in the financial statements are those actually paid or received from April 1 to March 31.

Source of Funds

Funds for covering the cost of operating the Medical Care Insurance Plan are obtained from the general revenues of the Province, which are appropriated by the Legislature on an April to March fiscal year basis.

Effective April 1, 1977 the cost sharing arrangement which existed under the terms of the Federal Medical Care Act was discontinued. That arrangement was replaced by funds being made available to the Province through the federal government's Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, by means of: (a) a transfer of income tax points; (b) a cash contribution.

Eligibility for Benefits

Eligibility for benefits for residents is solely dependent upon registration. No premiums are levied.

Unmarried dependants under the age of 18 should be registered on the family Health Services Card. Persons 18 years of age are issued a separate Health Services Card at the start of the month following that in which they reach 18 years of age.

Newcomers to Saskatchewan are required to register unless they are covered under other provincial or federal programs.

Except for "Special Residents" new residents of Saskatchewan are provided with benefits from the first day of the third month following the date they establish residence in the Province.

Special Residents

The term "Special Resident" includes:

1. A landed immigrant,
2. A discharged member of the Canadian Forces,
3. Returning spouse of a member of the Canadian Forces,
4. A returning Canadian citizen,
5. A returning resident,
6. Certain persons in Canada in connection with their trade or profession who hold a Canadian Immigration Employment Authorization.

Special residents who establish residence in Saskatchewan on or before the first day of the third calendar month after their arrival in Canada receive coverage from the date they established residence in Saskatchewan.

Excluded Residents

The following residents are entitled to receive medical care under Federal programs and are excluded from Commission coverage:

1. Members of the Canadian Forces,
2. Royal Canadian Mounted Police,
3. Inmates of Federal Penitentiaries.

However, their spouses and dependants resident in Saskatchewan are eligible for coverage.

Beneficiaries Leaving the Province

1. Establishing residence outside the Province

Beneficiaries leaving the Province are eligible under the Plan for the rest of the month in which they take up new residence outside Saskatchewan plus the following two complete months.

2. Temporarily absent from the Province

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the Province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. Persons who enter into employment contracts for work outside of Canada not exceeding 24 months may be eligible for benefits for the entire period of employment. Saskatchewan students who leave the Province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon the completion of their studies are eligible for benefits for the duration of the studies outside of Saskatchewan.

Insured Services and Exclusions

Insured Services

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services—The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services—Surgical procedures, by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services—Care during pregnancy and delivery, and after care of the mother and child by a physician.

Anaesthesia—The administration of anaesthetics by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- dental anaesthesia in hospital;
- dental anaesthesia out of hospital when rendered by a physician who is a specialist in anaesthesia.

Diagnostic Services - In Hospital

- diagnostic services other than x-ray or laboratory services or services involving a tracing.

Diagnostic Services - Out of Hospital

- x-ray services, including interpretations, provided by a specialist in radiology;
- laboratory services, including interpretations, provided by a specialist in pathology;

— an approved list of laboratory services provided by a physician other than a pathologist;

— other diagnostic services provided by a physician.

Preventative Medical Services—Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Refractions—Eye examinations to determine refractive error.

Optometric Services

Routine and Partial Eye Examinations—Unless special medical factors are present, the frequency of examinations to determine refractive error is limited to one in any 24-month period for beneficiaries aged 18 to 64. Beneficiaries of all other ages are eligible for a routine eye examination once every 12 months.

Tonometry—The measuring of intraocular pressure is an insured service when it is provided during a routine eye examination to beneficiaries 40 years of age or more.

Dental Services

(a) Services in connection with maxillo-facial surgery required to treat a condition caused by an accident;

(b) Certain services in connection with abnormalities of the mouth and surrounding structures;

(c) Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist;

(d) Certain x-ray services when provided by a dentist who is a specialist in oral radiology;

(e) Extraction of teeth medically required for the provision of:

— heart surgery;

— services for chronic renal disease; or

— services for total joint replacement by prosthesis;

where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the Commission is received.

Chiropractic Services

Chiropractic visit and x-ray services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the Province.

Exclusions

The following services are not insured:

Health services received under other public programs including: Saskatchewan Hospital Services Plan, The Worker's Compensation Act, The Mental Health Act.

Diagnosis and treatment of cancer—All services for the diagnosis and treatment of cancer, except for certain diagnostic services provided by a physician prior to referral to a Cancer Clinic. Diagnostic and treatment services for cancer are provided under The Cancer Foundation Act to residents registered with a Saskatchewan Cancer Clinic.

The following physician services are excluded:

— travelling;

— advice by telephone;

— surgery for cosmetic purposes;

— any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party.

The following additional services are excluded under the Medical Care Insurance Plan:

— ambulance services and other forms of transportation of patients;

— services provided by special duty nurses;

— services provided by physiotherapists;

— services provided by chiropodists, podiatrists, naturopaths or osteopaths;

— dentistry, except as described under Insured Services - Dental Services;

— drugs;

— appliances (e.g. eye glasses, artificial limbs).

Methods of Payment

Fee-For-Service Payment

The Medical Care Insurance Commission makes fee-for-service payment by the following three methods:

Direct Payment to Practitioner—The practitioner may submit the account directly to the Commission, which makes payment to the practitioner.

Payment through Approved Health Agency—If beneficiary and physician are members of the same approved health agency (Group Medical Services or Medical Services Incorporated) the physician submits the account to the agency. The Commission makes payment to the agency which in turn makes payment to the physician.

Payment to Patient—Where neither of the above methods apply the practitioner must provide an itemized account in order for the patient to obtain payment from the Commission. The patient can send the account to the Commission or the practitioner can send it for the patient. The practitioner must provide the itemized account before asking for, demanding or accepting payment from the patient for the service. The Commission makes payment to the patient who is responsible for paying the practitioner's account.

Contract Payment

As an alternative to fee-for-service payment the Commission may make arrangements with a practitioner or a group of practitioners for payment on a contractual basis. An agreement is entered into with the Commission prior to services being provided whereby the practitioner is paid a sessional rate plus expenses for travel and sustenance. The practitioner agrees to report the services provided.

Payment Under Global System

A global system of payment has been employed since 1972 for services provided at community clinics. In 1986-87 community clinics were in operation at Regina, Saskatoon, Prince Albert and Wynyard. Among elements involved in the annual budget's determination are the total number of patients treated, the number of services performed and the number of practitioners in the clinic. Payments on the basis of the budget are made to the Community Health Associations who are responsible for the clinics. The Commission contributes towards payments made to the Health Associations by the Saskatchewan Hospital Services Plan, the agency handling this type of budget operation.

Practising Entirely Outside the Plan

A physician, optometrist, chiropractor or dentist may practise entirely outside the Medical Care Insurance Plan conditional upon:

(a) the practitioner practising entirely outside the Medical Care Insurance Plan for all patients and for all services, and

(b) access to insured services is not jeopardized, and

(c) prior to providing a service, the practitioner advises the patient that the service is not insured and the patient is not entitled to payment from the Commission and the patient agrees to such an arrangement.

Rates of Payment for Insured Services

Physician Services

On May 22, 1985 Saskatoon Agreement II was signed between the Saskatchewan Medical Association and the Government of Saskatchewan and formed the basis for subsequent amendments to The Saskatchewan Medical Care Insurance Act which provided a new process to determine fair and reasonable compensation for insured physician services.

Payment for physician services is made on the basis of the Commission's Payment Schedule and in accordance with the assessment rules.

Specialist Services

Except for surgical and certain other special procedures, payment for specialist services is based on the unreferred rate when the beneficiary is not referred to the specialist.

Optometric Services

Payment for eye examinations when provided by optometrists is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Saskatchewan Association of Optometrists, the Department of Health and the Commission.

Chiropractic Services

Payment for chiropractic visit and x-ray services is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Chiropractors' Association of Saskatchewan and the Commission.

Out-of-Province Services

Payment is normally limited to the amount payable in Saskatchewan. The cost of medical services in other North American communities is sometimes considerably higher than in Saskatchewan. The beneficiary is responsible for payment of the difference between the full amount charged and the amount payable by the Plan.

If a beneficiary requires services not available in Saskatchewan, the service may be eligible for special out-of-province coverage where a specialist physician in the Province notifies the Commission prior to the service being provided, and the Commission agrees that the required service is not available in Saskatchewan. Payment may be made at one of the following rates:

(a) the rate payable in the province in Canada where the service is provided;

(b) at the Saskatchewan rate where the service is available in Canada but the beneficiary chooses to have the service provided outside Canada;

(c) at a fair and reasonable fee charged in a place outside Canada if the service is not available in Canada.

Beneficiaries who travel outside Saskatchewan, particularly outside Canada, are strongly advised to take out additional insurance as a safeguard against the high cost of medical and hospital care in some areas.

Claims Processing System

1. Claims are received (average of 150,000 per week) from physicians, optometrists, chiropractors, patients, and the approved health agencies.

2. The claims control section accumulates all input data and submits the tape for computer processing on a weekly basis.

3. The computer subjects each claim to a series of tests to determine the validity of the claim data.

4. (a) The Master Registration File, a file containing a complete record of all registered Saskatchewan beneficiaries, is used to check the identity and eligibility of the patient.

   (b) Certain claims are temporarily retained in the system for processing in a subsequent cycle, e.g. the claim indicates an old health services card number for a beneficiary who has been assigned a new number.

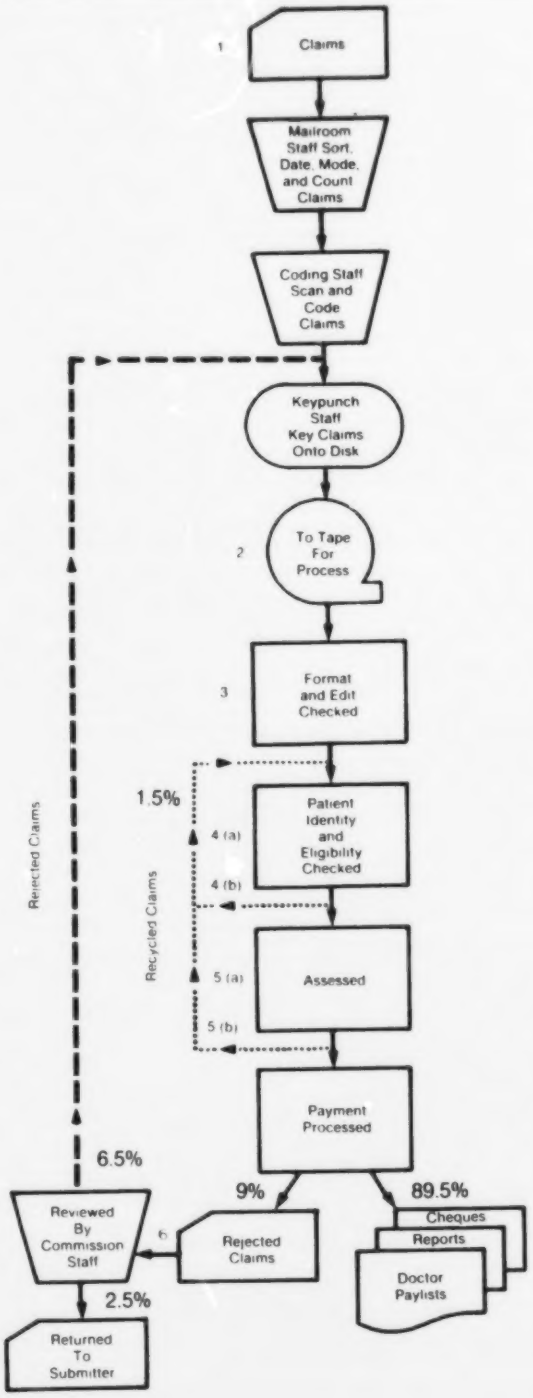
5. (a) The Patient History File (PHF), a file containing a history of paid services, is used to determine whether the services on the claim should be accepted, rejected or adjusted.

   (b) Claims with a date of service 6 months or more prior to the date of receipt, e.g. accepted because of special circumstances, are assessed once a month against the entire PHF.

6. All rejected claims are reviewed by the Commission staff. The rejected claims are either corrected or returned to the sender for additional information.

In lieu of the manual submission of claims referred to in item 1 above, the Commission may enter into an agreement with clinics for automated claim submissions.

Clinics considering the implementation of automated submission of claim systems are urged to contact the Commission prior to purchase of the equipment to ensure compatibility with the Commission's claims processing system.



Professional Review of Services

The Joint Professional Review Committee consisting of two representatives from each of the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association and the Medical Care Insurance Commission was established in the early part of 1979. The Committee studies the billing and practice patterns of physicians in the Province and makes recommendations to the College, the Association or the Commission. Some of the aspects of the recommendations of the Committee involve questionable billing or recurring errors in billing by a physician, medical practices having unusually high volumes of services or indications of a high rate of disagreement between beneficiaries receiving insured services and the physician providing the services, as illustrated by the Commission's verification program. As a consequence of the recommendations, the College may take disciplinary action against a physician or the Commission may take monetary action. During 1986-87 the Committee reviewed the patterns of billing of over seventy physicians. Ten meetings of the Joint Professional Review Committee were held in that year.

The Joint Optometric Professional Review Committee consisting of three representatives from the Saskatchewan Optometric Association and two representatives from the Medical Care Insurance Commission was established in 1982. The Committee reviews the billing and practice patterns of optometrists and makes recommendations regarding these matters to the Association or the Commission.

The Joint Chiropractic Professional Review Committee consisting of three representatives from the Chiropractic Association of Saskatchewan and two representatives from the Medical Care Insurance Commission was established in 1987. The Committee reviews the billing and practice patterns of chiropractors and may make recommendations regarding these matters to the Association or to the Commission.

Swift Current Health Region

Swift Current Health Region, organized in 1945 as the Province's first health region, embraces an area of 15,000 square miles in the southwest corner of Saskatchewan. Through agreements with physicians in the area, the Region has administered a medical care plan for its residents since 1946 under The Health Services Act.

With the inauguration of province-wide medical care insurance in July, 1962, the regional program continued under contractual arrangement between the Region Board and the Commission.

At the close of 1980, the Commission and the Board of the Swift Current Health Region agreed upon a new claims processing arrangement whereby, effective April 1, 1981, the Commission assumed the responsibility for processing claims for insured physician services provided on or after April 1, 1981 to residents of the Swift Current Health Region. Physicians practising in the Swift Current Health Region may send their accounts directly to the Region or to the Commission. Region staff check and code claims submitted to the Region. They then send the claim information by automated means to the Commission for processing.

The Commission provides the Swift Current Health Region with a grant to cover administrative costs in operating the program.

Medical Care Research

From time to time the Commission assists researchers in carrying out various health care related studies by providing statistical data on insured services. Some of the studies with which the Commission has assisted in the past include: development of a data base on alcoholism or alcohol related diagnoses; survival of kidney transplant cases; incidence of rubella; diagnosis and treatment of diabetes; the prevalence of hypertension and ischemic heart disease in relation to diabetes.

The Commission's assistance with such studies is conditional on a number of criteria, for example, no information is released which identifies persons, the confidentiality of the providers and recipients of insured services must be safeguarded; researchers must agree to bear the cost of retrieval or extraction of the data requested; researchers must agree to make available to the Commission for review and comment prior to publication any material emanating from the data released to them. Application forms for use in requesting statistical data are available from the Commission.

Auditor's Report

To the Members of the Legislative Assembly
Province of Saskatchewan

I have examined the statement of receipts, payments and balance of fund and the supporting statement of administration payments of the Saskatchewan Medical Care Insurance Fund for the year ended March 31, 1987. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Fund as at March 31, 1987 and the results of its operations and the changes in its financial position for the year then ended in accordance with the accounting principles disclosed in note 1 to the financial statements applied on a basis consistent with that of the preceding year.

Regina, Saskatchewan
August 18, 1987.

W. G. Lutz, F.C.A.
Provincial Auditor.

Saskatchewan Medical Care Insurance Fund — Statement 1

Statement of Receipts, Payments and Balance of Fund

Year Ended March 31

(with comparative figures for the previous year)

1986		1987
	RECEIPTS:	
	Grants from Consolidated Fund	
$188,855,000	— Insured services	$209,066,000
6,000,000	— Administration	5,405,130
152,001	Bursary refunds including interest	94,697
195,007,001	**Total receipts**	**214,565,827**
	PAYMENTS:	
	Payments under Saskatchewan Medical Care Insurance Act:	
	Insured service payments to:	
165,566,289	— Physicians	186,354,480
2,038,354	— Approved health agencies	1,375,372
3,786,621	— Swift Current Health Region	3,227,799
	— Beneficiaries for:	
2,823,502	— Physicians services	1,666,711
60,221	— Optometrists services	174,500
1,344,088	— Chiropractors services	130,164
136,099	— Dentists services	28,226
	— Saskatchewan Hospital Services Plan —	
4,001,019	Community Health Association	4,414,204
5,993,101	— Optometrists	5,800,307
6,758,677	— Chiropractors	9,988,278
860,697	— Dentists	1,018,436
193,368,668	**Gross insured service payments**	**214,178,477**
	Less refunds from:	
4,303,567	— Cancer Foundation for cancer services	4,518,905
33,101	— Practitioners, for insured services	114,783
189,032,000	**Net insured service payments**	**209,544,789**
5,959,623	Administration payments (Statement 2)	5,031,266
144,172	Grants to Swift Current Health Region	120,446
195,135,795	**Total payments under Saskatchewan Medical Care Insurance Act**	**214,696,501**
152,001	Department of Education and Manpower bursary refunds	94,697
195,287,796	**Total payments Saskatchewan Medical Care Insurance Fund**	**214,791,198**
(280,795)	Excess of receipts over payments	(225,371)
334,589	Balance of fund beginning of year	53,794
—	Repayment of fund surplus	(53,794)
$ 53,794	Balance of fund end of year (Note 3)	$ (225,371)
$ 53,794	Represented by: Cash (bank overdraft)	$ (225,371)

(See accompanying notes to the financial statements)

Statement of Administration Payments

Year Ended March 31

(with comparative figures for the previous year)

1986		1987
$4,058,276	Salaries	$3,923,447
569,100	Registration services (S.H.S.P.)	—
398,619	Computer services	333,657
211,047	Postage and communication	175,620
138,097	Stationery and office supplies	170,745
161,138	Rent of office equipment	163,710
295,077	Systems analyst services	112,610
78,733	Data processing services (S.H.S.P.)	76,343
43,572	Payments to commission members	49,791
12,950	Equipment purchase and repair	46,286
36,848	Printing and advertising	42,676
52,724	Miscellaneous contractual services	34,263
23,856	Travel and sustenance	22,723
6,080,037		5,151,871
120,414	Less: Recoveries for services to other agencies	120,605
$5,959,623	**Total administration payments to Statement 1**	**$5,031,266**

(S.H.S.P.) — Saskatchewan Hospital Services Plan

(See accompanying notes to the financial statements)

Saskatchewan Medical Care Insurance Fund

Notes to Financial Statements

March 31, 1987

1. **Accounting**

The accounts of the Fund are maintained on a cash basis whereby revenues are recorded as received and expenditures are recorded when paid. Accordingly, the assets and liabilities (excluding cash and the balance of fund), as at March 31, are not reflected in these financial statements.

2. **Authority**

The Saskatchewan Medical Care Insurance Fund was established in 1962 under the authority of The Saskatchewan Medical Care Insurance Act.

3. **Balance of Fund**

The balance of fund represents an accumulation of previous years' surplus or deficits.

	Balance March 31/86	Payment of Fund Surplus	Current Receipts	Current Payments	Balance March 31/87
Insured Services	$(308,035)	$308,035	$209,160,697	$209,759,932	$(599,235)
Administration	361,829	(361,829)	5,405,130	5,031,266	373,864
	$ 53,794	$ (53,794)	$214,565,827	$214,791,198	$(225,371)

Subsection 32(4) of The Saskatchewan Medical Care Insurance Act states:

"At the end of each fiscal year, any amount in the fund in excess of the amount required to make the payments from the fund for that fiscal year shall be paid to the consolidated fund."

4. **Related Party Transactions**

Costs not normally allocated between government departments, such as occupancy costs, are not charged to the Fund. Effective for the year ending March 31, 1987, the Department of Health assumed responsibility for the cost of registration services.

Statistical Tables

Introductory Notes

General—The following tables are based upon Commission payments made during 1986-87 for medical, optometric and chiropractic services provided to Commission beneficiaries as outlined in Table 6, on page 27. A global system of payment for medical and optometric services is used for four community clinics in the province with services being recorded on the same basis as fee-for-service items.

Beneficiaries—Beneficiary information, such as the age-sex structure, is based upon records maintained by the Saskatchewan Hospital Services Plan.

Date of Payment—Statistics are based upon the date a service was paid, and not upon the date the service was provided. Statistics for the fiscal year 1986-87 include some services rendered in 1985-86.

Payment Adjustments—The difference between "Gross Insured Service Payments" (Statement 1, page 16) and the total payments shown in the statistical tables is due to accounting adjustments, certain recoveries, and the payments to S.H.S.P. on a global basis for medical and optometric services provided in community clinics.

Retroactive Payments—From time to time, the Commission is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Where possible, retroactive payments are included in the statistical tables. Footnotes indicate the inclusions. Retroactive payments may include, in part, payments for services originally provided and paid for in the previous fiscal year. This may result in an overstatement of some payment statistics.

Number of Services—Certain categories of service data shown in the tables may:

(a) represent an understatement, e.g.:
  (i) many surgical procedures include visit services and procedures provided during the pre- and post-operative care period;
  (ii) obstetrical services include post-natal care in hospital;
  (iii) some visit services include minor procedures;

or

(b) represent an overstatement, e.g.:
  (i) surcharges counted as services;
  (ii) additional time units in anaesthesia, surgical assistance, etc., counted as services.

Definitions of Service Groupings (Tables 9 to 12)

(a) **Complete Assessments**—A complete assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A complete assessment may be provided to new or former patients.

(b) **Partial Assessments or Subsequent Visits**—A partial assessment is a visit which comprises history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Well baby care provided in the office is included in this category. Initial assessments are included in this classification.

(c) **Minor Assessments**—Follow-up assessments by specialists usually following an initial assessment to review the progress of treatment, or when a patient is seen for a relatively minor condition.

(d) **Special Calls**—Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; special care home and nursing home routine visit services; and follow-up house calls not specially called.

(e) **Hospital Care**—Physician services provided in a hospital on a visit per day basis. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Consultations**—A consultation is the referral of a patient by one physician to another for examination, diagnosis, and written report. The patient returns to the referring physician for continuing treatment. If continuing treatment is provided by the consultant the visit is classified and paid as a complete or partial assessment.

(g) **Psychotherapy**—Includes treatment interview, group therapy, and counselling.

(h) **Laboratory Services**—All out-of-hospital laboratory services by specialists in pathology and common office laboratory services provided by other physicians.

(i) **Diagnostic Radiology**—All out-of-hospital technical procedures and interpretations by specialists in radiology.

(j) **Other Diagnostic Procedures**—Includes electrocardiograms, electroencephalograms, diagnostic ultrasound, biopsies, sigmoidoscopies, allergy investigations, administration of contrast media for radiology, and other diagnostic procedures. Dilatation and curettage is included in this grouping.

(k) **Major Surgery**—Surgical procedures for which the specialist fee listed in the Payment Schedule was $25.50 or more as of April 30, 1975.

(l) **Minor Surgery**—Surgical procedures for which the specialist fee listed in the Payment Schedule was less than $25.50 as of April 30, 1975.

(m) **Obstetrics**—Includes confinements, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits.

(n) **Anaesthesia**—All anaesthetic procedures are included in this category (see page 11).

(o) **Surgical Assistance**—Services of physicians as required to assist the surgeon at an operation.

(p) **Major Therapeutic Procedures**—Comprise therapeutic procedures, including some special psychiatric treatment procedures, for which the specialist fee listed in the Payment Schedule was $17.00 or more as of April 30, 1975.

(q) **Minor Therapeutic Procedures**—Comprise special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was less than $17.00 as of April 30, 1975.

(r) **Refractions by Physicians**—Eye examinations to determine the refractive state of the eye, when provided by a physician.

(s) **Refractions by Optometrists**—Eye examinations to determine the refractive state of the eye, when provided by an optometrist.

Categories of Practitioners (Tables 13 and 16 to 24)

I. **Physicians**

(a) **Family Practitioner**—A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.

(i) **Urban**—A family practitioner who practises in a locality having 10,000 or more residents.

(ii) **Rural**—A family practitioner who practises in a locality having fewer than 10,000 residents.

(iii) **Association**—A family practitioner who maintains patients' medical records with one or more other physicians.

(iv) **Solo**—A family practitioner who is not working in association with another physician.

(b) **Specialist**—A physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive Commission payments at specialist rates. If a physician is listed as a specialist during the year, only those services provided after such listing are included with specialist services.

Note: Physiatrists are included with Internists; Medical Geneticists with Paediatricians, and specialists in the combined specialty of Ophthalmology and Otolaryngology are included with Ophthalmologists.

II. **Optometrist**—a practitioner registered by the Saskatchewan Optometric Association.

III. **Chiropractor**—a practitioner registered by the Chiropractors' Association of Saskatchewan.

Figure 1
Annual Per Cent Change in Number of: Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services (Indexed to Base Year 1981-82)

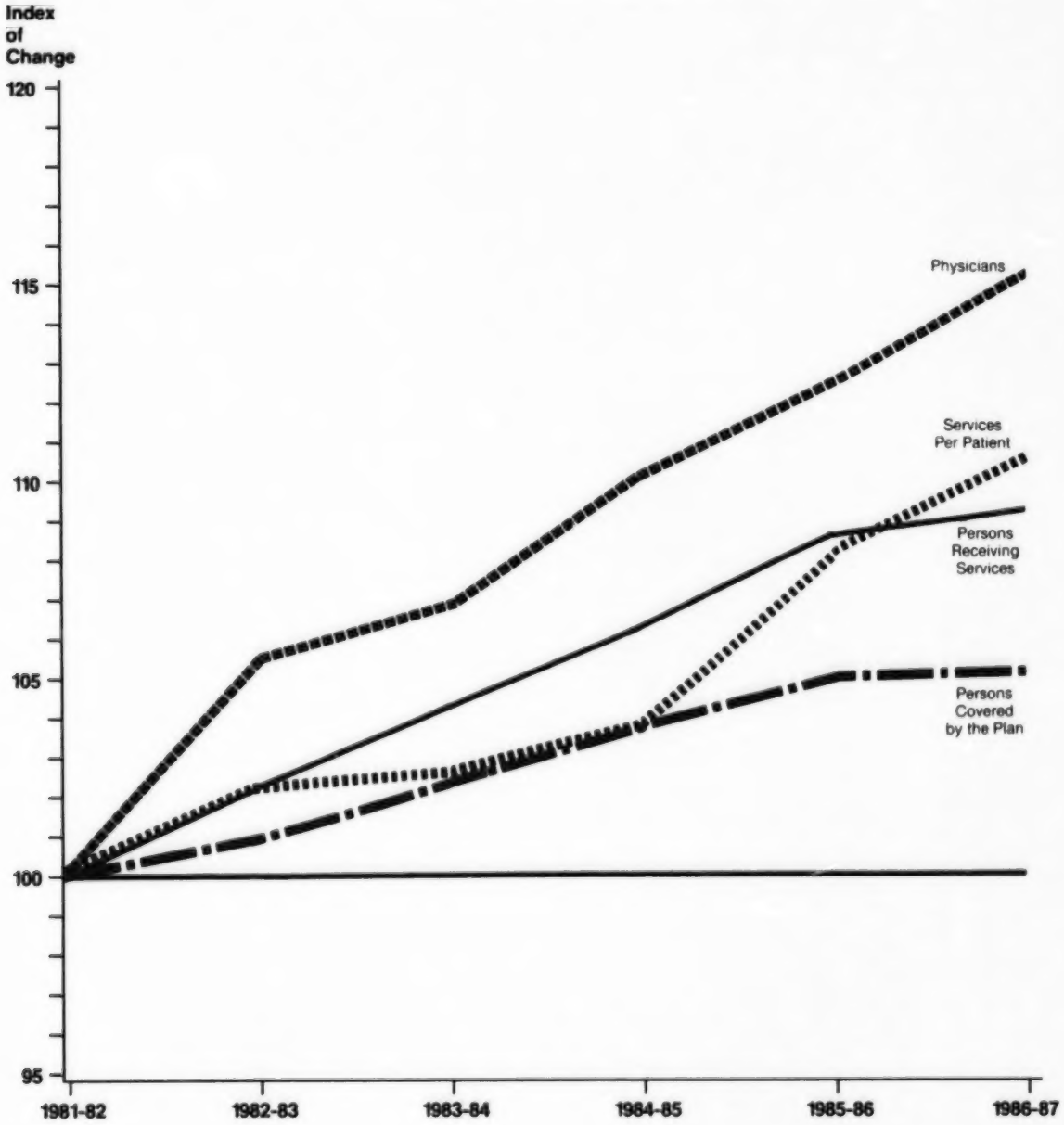


Figure 2
Annual Per Cent Change in Services Per 1,000 Beneficiaries for Selected Types of Service (Indexed to Base Year 1981-82)

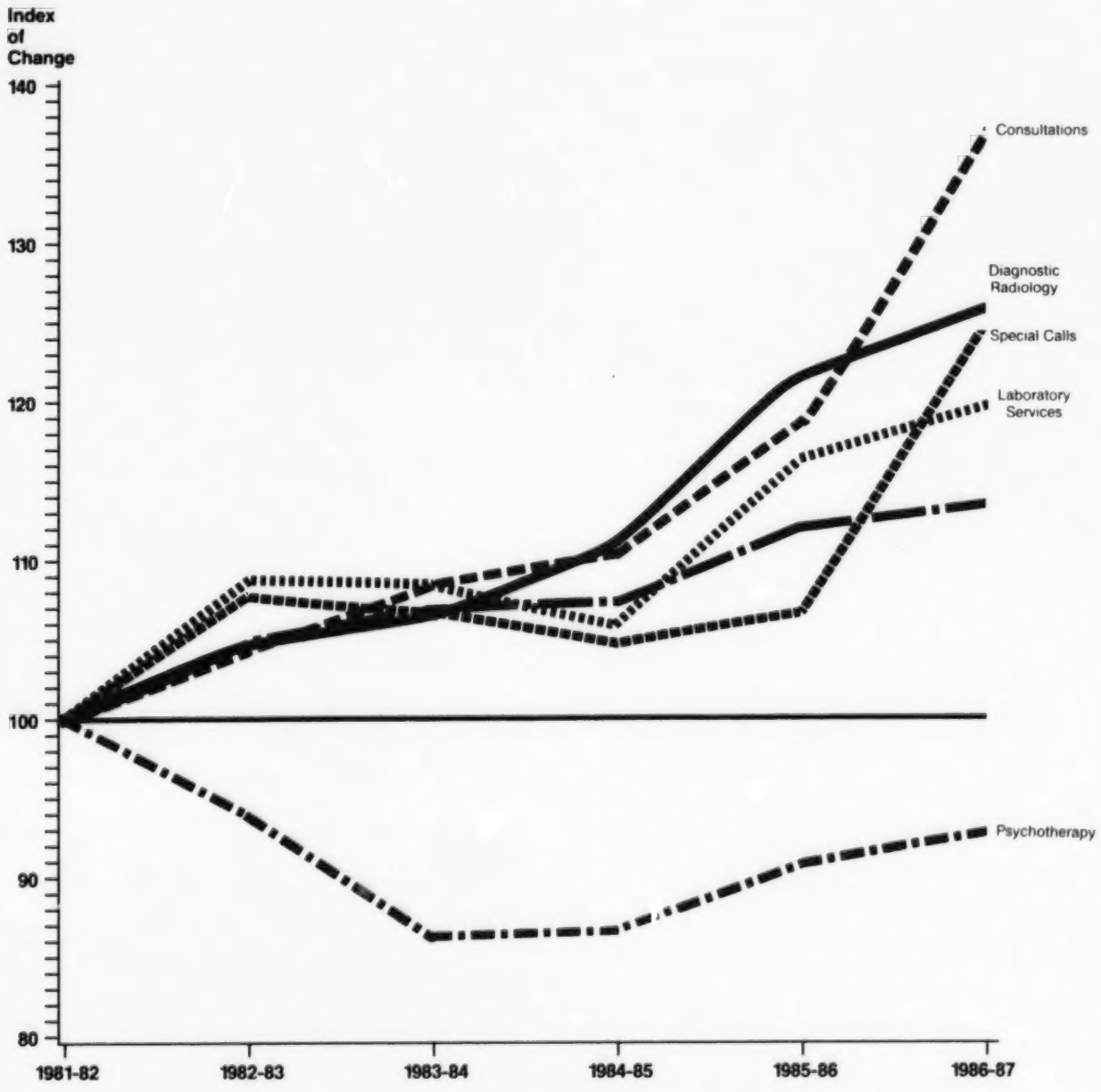
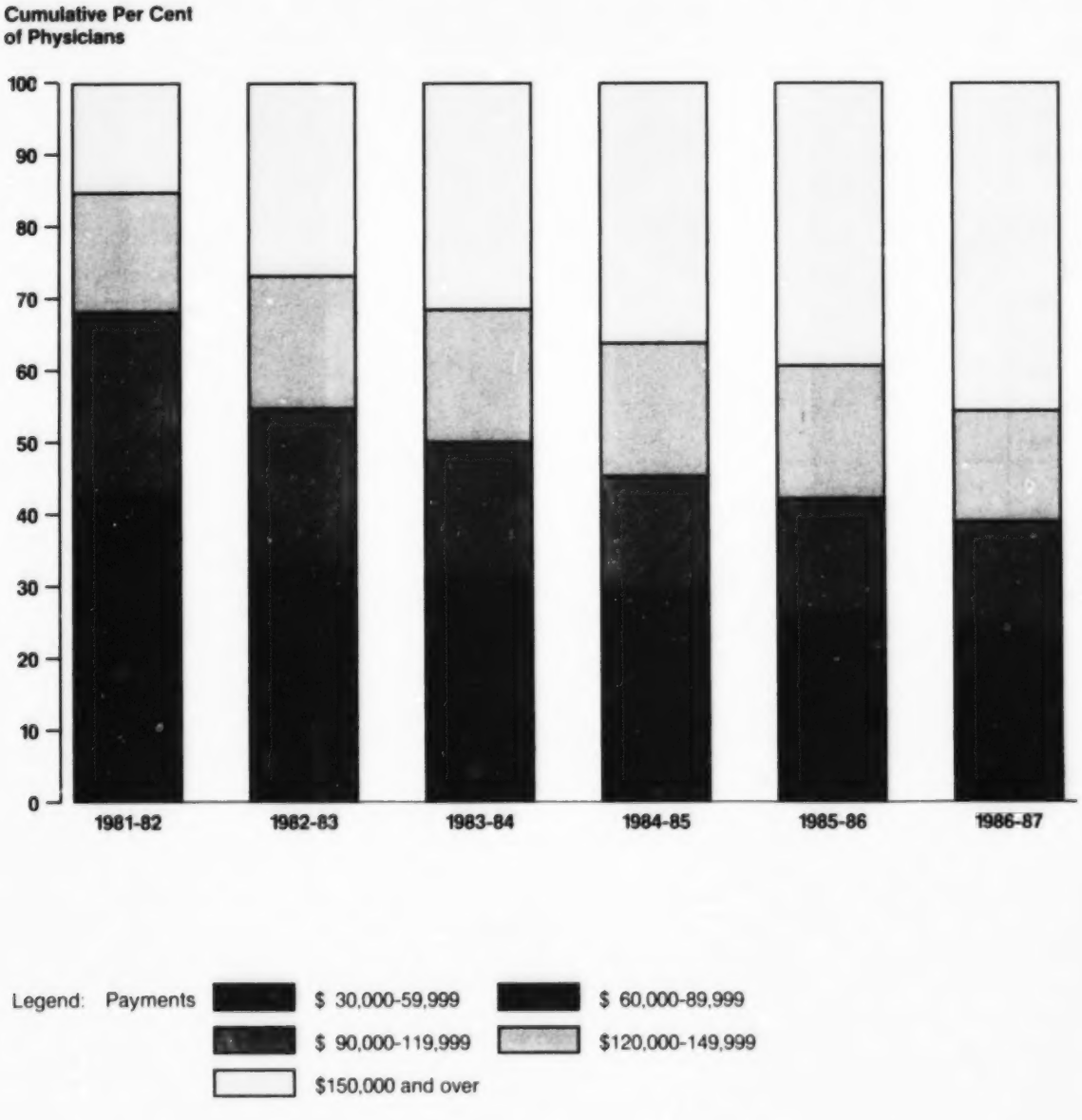


Figure 3
Per Cent of Physicians by Range of MCIC Payment, 1981-82 to 1986-87



Note: Retroactive payments made to physicians are included.

Figure 4
Cumulative Per Cent of Claims Paid by Length of Time Between Date of Service and Date of Payment

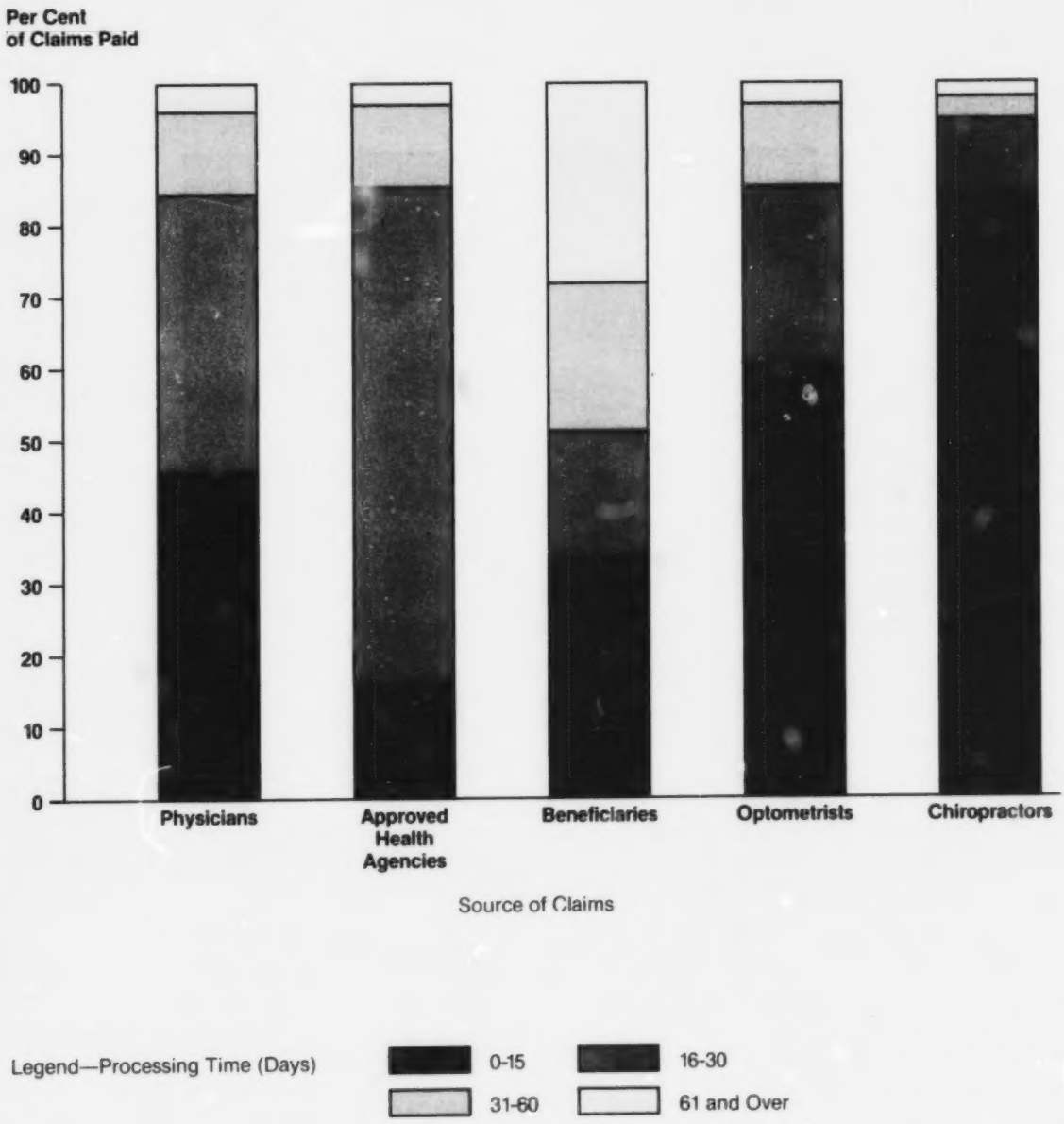


Table 1
Summary of Receipts and Payments

	Amounts (000's)		Per Cent of Total	
	1985-86	1986-87	1985-86	1986-87
Receipts				
Grant from Consolidated Fund	$194,855	$214,471	100.0	100.0
Payments				
Insured Services	$189,032	$209,545	96.8	97.6
Swift Current Health Region	144	120	0.1	0.1
Administration Payments[1]	5,960	5,031	3.1	2.3
Total Payments	**$195,136**	**$214,696**	**100.0**	**100.0**
Excess of Payments over Receipts	**281**	**225**		
	$194,855	**$214,471**		

[1] Does not include the value of some services and facilities provided at no direct cost to the Commission by other Government Agencies, e.g. office space, furniture, central purchasing, central personnel services, group life contributions and in 1986-87 Registration services. Their estimated value is $662,000 for 1985-86 and $1,231,000 in 1986-87. Including them brings administration costs as a per cent of total payments to 3.4% in 1985-86 and 2.9% in 1986-87.

Table 2
Analysis of Per Cent Change in Annual Gross Payments

Year	Gross Payments for Insured Services (000's) [1]	Per Cent Change Due To: Change in Population	Increase in Fees	Change in Coverage [2]	Change in Value of Claims Inventory [3]	Change in Per Capita Utilization [4]	**Total Per Cent Change**
1982-83	148,601	—	—	—	—	—	—
1983-84	162,734	1.40	6.04	—	0.67	1.40	**9.51**
1984-85	175,764	1.46	3.94	—	0.29	2.32	**8.01**
1985-86	189,065	1.03	0.99	-0.06	-0.91	6.52	**7.57**
1986-87	209,660	0.21	5.94	0.21	-0.25	4.78	**10.89**
Average Annual Per Cent Change 1982-83 to 1986-87	—	1.02	4.23	0.04	-0.05	3.76	**9.00**

[1] Includes payments for insured services provided by Physicians, Optometrists and Chiropractors as per Statement 1, page 16.

[2] Beginning August 1, 1985 four physicians and three chiropractors opted to bill patients outside of the coverage of the Medical Care Insurance Plan. The physicians opted back under the Plan on August 28, 1985, while the chiropractors remained opted out. An adjustment for services provided in the opted out periods reflects the value of the opted out services in 1985-86. In 1986-87, represents the addition of new insured services to the Payment Schedule.

[3] Increases or decreases in the dollar value of claims on hand for processing compared to the previous year.

[4] The change in adjusted gross payments per beneficiary for medical, optometric and chiropractic services. The 1985-86 period included one week of processing more than the 1984-85 fiscal year.

Table 3
Adjustments and Recoveries by the Commission

	1985-86		1986-87	
	Number of Practitioners [1]	Adjustment or Recovery (000's)	Number of Practitioners [1]	Adjustment or Recovery (000's)
Routine Assessment[2]	1,728	$5,831.9	1,797	$5,191.8
Special Commission Studies[3]	6	17.8	5	2.2
Professional Review Activity	6	15.3	20	112.6
Total	—	**$5,865.0**	—	**$5,306.6**

[1] Practitioners who received a Commission payment during the year.

[2] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs.

[3] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the Commission.

Table 4
Volume of Claims Compared to Number of M.C.I.C. Staff

Year	1982-83	1983-84	1984-85	1985-86	1986-87
Thousands of Claims Received	6,855	7,129	7,364	7,819	8,278
Number of Employees[1]	159	151	147	139	140
Claims per Employee	**43,113**	**47,212**	**50,095**	**56,252**	**59,129**

[1] Number of employees on staff as at March 31 of each fiscal year.

Table 5
Claims Received by Method of Billing

	Thousands of Claims Received					Per Cent of Claims Received				
Claims Received from:[1]	82-83	83-84	84-85	85-86	86-87	82-83	83-84	84-85	85-86	86-87
Physicians	5,758	6,025	6,266	6,749	7,144	84.0	84.5	85.1	86.3	86.3
Optometrists	181	197	201	215	205	2.6	2.8	2.7	2.8	2.5
Chiropractors	284	316	346	585	806	4.2	4.4	4.7	7.4	9.7
All Providers of Service	**6,223**	**6,538**	**6,813**	**7,549**	**8,155**	**90.8**	**91.7**	**92.5**	**96.5**	**98.5**
Group Medical Services	36	35	32	28	21	0.5	0.5	0.5	0.4	0.2
Medical Services Inc.	130	111	98	59	32	1.9	1.6	1.3	0.8	0.4
Total Approved Health Agencies	**166**	**146**	**130**	**87**	**53**	**2.4**	**2.1**	**1.8**	**1.2**	**0.6**
Beneficiaries	**466**	**445**	**421**	**183**	**70**	**6.8**	**6.2**	**5.7**	**2.3**	**0.9**
Total	**6,855**	**7,129**	**7,364**	**7,819**	**8,278**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[1] Includes claims for services received outside the province. Out-of-province claims, as a per cent of total claims received in 1986-87 amounted to 2.3% of which, 1.7% were from practitioners and 0.6% were from beneficiaries.

Table 6
Services and Payments[1] by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 1986		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	8,711	8,034	15,787	14,082	295,218	254,104
1 - 4	36,380	34,909	9,616	8,616	163,398	139,618
5 - 14	83,218	79,549	5,678	5,778	91,506	89,400
15 - 24	91,190	86,921	5,503	13,632	92,995	195,494
25 - 44	154,637	146,927	6,345	14,751	109,711	226,474
45 - 64	90,693	90,648	10,450	13,647	184,720	217,976
65 - 69	19,332	21,637	15,664	16,611	276,902	265,913
70 and over	39,084	49,488	23,457	25,066	366,879	357,196
All Beneficiaries	**523,245**	**518,113**	**8,811**	**13,632**	**149,111**	**207,454**
B. Optometrists						
Under 1	8,711	8,034	2	1	42	36
1 - 4	36,380	34,909	48	49	1,399	1,436
5 - 14	83,218	79,549	209	254	6,060	7,348
15 - 24	91,190	86,921	146	224	4,174	6,340
25 - 44	154,637	146,927	149	222	3,812	5,670
45 - 64	90,693	90,648	358	421	6,853	8,026
65 - 69	19,332	21,637	421	529	8,022	10,086
70 and over	39,084	49,488	434	511	8,365	9,816
All Beneficiaries	**523,245**	**518,113**	**216**	**287**	**5,025**	**6,660**
C. Chiropractors						
Under 1	8,711	8,034	21	6	237	70
1 - 4	36,380	34,909	33	26	364	287
5 - 14	83,218	79,549	125	132	1,394	1,462
15 - 24	91,190	86,921	509	718	5,710	7,989
25 - 44	154,637	146,927	1,044	1,365	11,584	15,068
45 - 64	90,693	90,648	1,290	1,683	14,245	18,525
65 - 69	19,332	21,637	1,113	1,428	12,260	15,676
70 and over	39,084	49,488	855	948	9,428	10,416
All Beneficiaries	**523,245**	**518,113**	**748**	**974**	**8,296**	**10,749**

[1] Petroactive payments made to Physicians and Chiropractors in 1986-87 are excluded.

Table 7
Beneficiaries, Payments[1] and Services by Dollar Value of Benefits

Dollar Value of Benefits	1985-86 Number of Beneficiaries	1985-86 % of Beneficiaries	1985-86 % of Payments	1985-86 % of Services	1986-87 Number of Beneficiaries	1986-87 % of Beneficiaries	1986-87 % of Payments	1986-87 % of Services
A. Physicians Only								
$ 0.00[2]	135,476	13.0	—	—	132,359	12.7	—	—
$ 0.01 - $ 25.00	102,456	9.9	0.9	1.1	98,493	9.5	0.8	1.0
$ 25.01 - $ 50.00	155,435	15.0	3.2	3.8	147,875	14.2	2.9	3.4
$ 50.01 - $ 100.00	200,912	19.3	8.5	10.0	193,213	18.5	7.6	9.1
$100.01 - $ 200.00	196,294	18.9	16.2	18.5	204,196	19.6	15.7	18.1
$200.01 - $ 500.00	170,915	16.4	30.6	32.3	179,468	17.2	30.1	32.0
$500.01 - $1,000.00	58,750	5.7	23.1	20.9	63,300	6.1	23.5	21.5
Over $1,000.00	19,011	1.8	17.5	13.4	22,454	2.2	19.4	14.9
Total	**1,039,249**	**100.0**	**100.0**	**100.0**	**1,041,358**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[2]	828,749	79.7	—	—	850,468	81.7	—	—
$ 0.01 - $ 25.00	2,486	0.2	1.0	1.2	8,383	0.8	1.9	3.2
$ 25.01 - $ 50.00	203,138	19.6	94.1	94.3	179,129	17.2	94.6	93.0
Over $50.00	4,876	0.5	4.9	4.5	3,378	0.3	3.5	3.8
Total	**1,039,249**	**100.0**	**100.0**	**100.0**	**1,041,358**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[2]	933,899	89.9	—	—	929,735	89.3	—	—
$ 0.01 - $ 25.00	33,051	3.2	6.0	6.1	30,579	2.9	4.8	4.9
$ 25.01 - $ 50.00	20,244	1.9	8.8	8.9	21,976	2.1	8.2	8.1
$ 50.01 - $ 100.00	25,602	2.5	21.6	21.4	26,848	2.6	19.3	19.2
$100.01 - $ 200.00	17,999	1.7	30.5	30.4	20,547	2.0	29.0	28.9
Over $200.00	8,454	0.8	33.1	33.2	11,673	1.1	38.7	38.9
Total	**1,039,249**	**100.0**	**100.0**	**100.0**	**1,041,358**	**100.0**	**100.0**	**100.0**

[1] Retroactive payments made to Physicians and Chiropractors in 1986-87 are excluded from "Dollar Value of Benefits" and "% of Payments".

[2] The number of beneficiaries in this category is a residual, representing the difference between the number receiving services at any time during the year and the total of beneficiaries at June 30 of the stated year.

Table 8
Physician Services and Payments[1] by Age and Sex

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[2]	Treated[3]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	8,711	11,313	100.00	15.79	295.22	12.16	227.32	18.70
	F	8,034	10,602	100.00	14.08	254.10	10.67	192.56	18.05
	T	**16,745**	**21,915**	**100.00**	**14.97**	**275.49**	**11.44**	**210.50**	**18.40**
1 - 4	M	36,380	35,543	97.70	9.62	163.40	9.84	167.25	16.99
	F	34,909	33,741	96.65	8.62	139.62	8.91	144.45	16.20
	T	**71,289**	**69,284**	**97.19**	**9.13**	**151.75**	**9.39**	**156.14**	**16.63**
5 - 9	M	43,166	37,321	86.46	5.99	98.83	6.92	114.30	16.51
	F	40,961	35,412	86.45	5.81	91.64	6.72	106.00	15.76
	T	**84,127**	**72,733**	**86.46**	**5.90**	**95.33**	**6.83**	**110.26**	**16.15**
10 - 14	M	40,052	32,014	79.93	5.35	83.62	6.69	104.61	15.64
	F	38,588	31,548	81.76	5.74	87.02	7.02	106.44	15.16
	T	**78,640**	**63,562**	**80.83**	**5.54**	**85.29**	**6.85**	**105.52**	**15.40**
15 - 19	M	41,775	34,966	83.70	5.60	92.99	6.69	111.10	16.62
	F	39,644	39,283	99.09	10.70	155.96	10.80	157.39	14.57
	T	**81,419**	**74,249**	**91.19**	**8.08**	**123.65**	**8.86**	**135.59**	**15.30**
20 - 24	M	49,415	36,079	73.01	5.42	93.00	7.43	127.38	17.15
	F	47,277	46,383	98.11	16.09	228.65	16.40	233.05	14.21
	T	**96,692**	**82,462**	**85.28**	**10.64**	**159.32**	**12.47**	**186.82**	**14.98**
25 - 29	M	48,745	36,171	74.20	5.67	97.07	7.64	130.82	17.13
	F	46,454	45,555	98.06	17.67	261.05	18.01	266.20	14.78
	T	**95,199**	**81,726**	**85.85**	**11.52**	**177.09**	**13.42**	**206.28**	**15.37**
30 - 34	M	43,913	33,110	75.40	6.23	109.26	8.26	144.91	17.53
	F	41,248	39,086	94.76	14.80	229.10	15.62	241.77	15.48
	T	**85,161**	**72,196**	**84.78**	**10.38**	**167.30**	**12.25**	**197.35**	**16.11**
35 - 39	M	35,325	26,441	74.85	6.57	113.45	8.78	151.57	17.27
	F	33,586	29,995	89.31	12.40	197.59	13.88	221.25	15.93
	T	**68,911**	**56,436**	**81.90**	**9.41**	**154.46**	**11.49**	**188.60**	**16.41**
40 - 44	M	26,654	20,354	76.36	7.47	128.61	9.78	168.42	17.22
	F	25,639	23,059	89.94	12.47	197.43	13.86	219.52	15.84
	T	**52,293**	**43,413**	**83.02**	**9.92**	**162.35**	**11.95**	**195.56**	**16.37**
45 - 49	M	23,012	17,281	75.10	8.22	140.63	10.94	187.27	17.12
	F	22,679	19,738	87.03	12.77	205.09	14.67	235.64	16.06
	T	**45,691**	**37,019**	**81.02**	**10.48**	**172.62**	**12.93**	**213.06**	**16.48**
50 - 54	M	22,714	17,331	76.30	9.47	166.99	12.42	218.85	17.63
	F	22,073	19,265	87.28	13.54	214.52	15.51	245.79	15.85
	T	**44,787**	**36,596**	**81.71**	**11.48**	**190.42**	**14.05**	**233.03**	**16.59**
55 - 59	M	22,984	17,962	78.15	10.96	195.87	14.02	250.64	17.87
	F	22,959	19,829	86.37	13.62	219.66	15.77	254.33	16.12
	T	**45,943**	**37,791**	**82.26**	**12.29**	**207.76**	**14.94**	**252.58**	**16.90**
60 - 64	M	21,983	18,124	82.45	13.27	237.53	16.09	288.11	17.91
	F	22,937	20,126	87.74	14.64	232.36	16.69	264.82	15.87
	T	**44,920**	**38,250**	**85.15**	**13.97**	**234.89**	**16.41**	**275.85**	**16.81**
65 - 69	M	19,332	16,653	86.14	15.66	276.90	18.18	321.45	17.68
	F	21,637	19,442	89.86	16.61	265.91	18.49	295.93	16.01
	T	**40,969**	**36,095**	**88.10**	**16.16**	**271.10**	**18.35**	**307.71**	**16.77**
70 - 74	M	16,213	14,485	89.34	18.93	326.55	21.18	365.51	17.25
	F	18,863	17,582	93.21	19.50	305.60	20.92	327.87	15.67
	T	**35,076**	**32,067**	**91.42**	**19.24**	**315.29**	**21.04**	**344.87**	**16.39**
75 and over	M	22,871	22,489	98.33	26.67	395.47	27.12	402.18	14.83
	F	30,625	30,741	100.00	28.49	388.97	28.39	387.51	13.65
	T	**53,496**	**53,230**	**99.50**	**27.71**	**391.75**	**27.85**	**393.71**	**14.14**
Total all ages	**M**	**523,245**	**427,637**	**81.73**	**8.81**	**149.11**	**10.78**	**182.45**	**16.92**
	F	**518,113**	**481,387**	**92.91**	**13.63**	**207.45**	**14.67**	**223.28**	**15.22**
	T	**1,041,358**	**909,024**	**87.29**	**11.21**	**178.14**	**12.84**	**204.07**	**15.89**

[1] Retroactive payments made to Physicians in 1986-87 are excluded.

[2] As at June 30, 1986.

[3] Population treated at any time during the fiscal year.

Table 9
Services by Type of Service

Type of Service[1]	Number of Services (000's) 1985-86	Number of Services (000's) 1986-87	Number of Services Per 1,000 Beneficiaries 1985-86	Number of Services Per 1,000 Beneficiaries 1986-87	Per Cent Change 1985-86 to 1986-87
Complete Assessments	430.4	412.7	414	396	-4.35
Partial Assessments	4,027.3	4,112.2	3,875	3,949	1.91
Minor Assessments	138.9	141.8	133	136	2.26
Special Calls	449.6	528.7	433	508	17.32
Hospital Care	1,151.6	1,135.4	1,108	1,090	-1.62
Psychotherapy	234.6	239.4	226	230	1.77
	6,432.4	**6,570.2**	**6,189**	**6,309**	**1.94**
Consultations	**313.9**	**363.8**	**302**	**349**	**15.56**
Laboratory Services	2,715.4	2,808.0	2,613	2,697	3.21
Diagnostic Radiology	216.9	224.5	209	216	3.35
Other Diagnostic Procedures	719.9	748.0	693	718	3.61
	3,652.2	**3,780.5**	**3,515**	**3,631**	**3.30**
Major Surgery	90.0	93.1	87	89	2.30
Minor Surgery	202.2	216.5	194	208	7.22
Obstetrics	20.9	19.9	20	19	-5.00
Anaesthesia	198.3	203.1	191	195	2.09
Surgical Assistance	55.7	59.1	54	57	5.56
	567.1	**591.7**	**546**	**568**	**4.03**
Major Therapeutic Procedures	64.1	73.2	62	70	12.90
Minor Therapeutic Procedures	263.1	270.7	253	260	2.77
	327.2	**343.9**	**315**	**330**	**4.76**
Refractions by Physicians	32.2	22.9	31	22	-29.03
All Physician Services	**11,325.0**	**11,673.0**	**10,898**	**11,209**	**2.85**
Insured Dental Services	**17.8**	**18.5**	**17**	**18**	**5.88**
All Optometric Services	**215.4**	**262.0**	**207**	**251**	**21.26**
Chiropractic Visit Services	763.3	883.6	734	849	15.67
Chiropractic X-Ray Services	10.9	12.7	11	12	9.09
All Chiropractor Services	**774.2**	**896.3**	**745**	**861**	**15.57**
All Services	**12,332.4**	**12,849.8**	**11,867**	**12,339**	**3.98**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications. Services originally paid as initial or complete assessments in 1986-87 but which were retroactively adjusted to consultations are grouped as consultations.

Table 10
Payments[1] by Type of Service

Type of Service[2]	Dollar Payments (000's) 1985-86	Dollar Payments (000's) 1986-87	Dollar Payments Per 1,000 Beneficiaries 1985-86	Dollar Payments Per 1,000 Beneficiaries 1986-87	Per Cent Change 1985-86 to 1986-87
Complete Assessments	13,309	12,769	12,807	12,262	-4.26
Partial Assessments	57,484	63,359	55,313	60,843	10.00
Minor Assessments	1,937	2,251	1,864	2,162	15.99
Special Calls	7,724	8,697	7,432	8,352	12.38
Hospital Care	8,731	9,205	8,401	8,839	5.21
Psychotherapy	4,129	4,668	3,973	4,482	12.81
	93,314	**100,949**	**89,790**	**96,940**	**7.96**
Consultations	**14,737**	**18,521**	**14,180**	**17,785**	**25.42**
Laboratory Services	12,404	13,831	11,936	13,282	11.28
Diagnostic Radiology	6,401	6,882	6,159	6,608	7.29
Other Diagnostic Procedures	10,901	12,439	10,489	11,945	13.88
	29,706	**33,152**	**28,584**	**31,835**	**11.37**
Major Surgery	17,006	18,307	16,364	17,580	7.43
Minor Surgery	3,028	3,225	2,914	3,097	6.28
Obstetrics	3,231	3,627	3,109	3,483	12.03
Anaesthesia	7,133	8,175	6,863	7,850	14.38
Surgical Assistance	1,636	1,718	1,574	1,650	4.83
	32,034	**35,052**	**30,824**	**33,660**	**9.20**
Major Therapeutic Procedures	1,558	1,847	1,500	1,773	18.20
Minor Therapeutic Procedures	1,380	1,503	1,328	1,443	8.66
	2,938	**3,350**	**2,828**	**3,216**	**13.72**
Refractions by Physicians	768	598	739	575	-22.19
All Physician Services	**173,497**	**191,622**	**166,945**	**184,011**	**10.22**
Insured Dental Services	**997**	**1,046**	**959**	**1,005**	**4.80**
All Optometric Services	**6,150**	**6,080**	**5,918**	**5,838**	**-1.35**
Chiropractic Visit Services	7,824	9,831	7,528	9,441	25.41
Chiropractic X-Ray Services	267	287	257	276	7.39
All Chiropractor Services	**8,091**	**10,118**	**7,785**	**9,717**	**24.82**
All Services	**188,735**	**208,866**	**181,607**	**200,571**	**10.44**

[1] Retroactive payments made to Physicians and Chiropractors in 1986-87 are included.

[2] The "Introductory Notes", page 18, describe inclusions in these classifications. Services originally paid as initial or complete assessments in 1986-87 but which were retroactively adjusted to consultations are grouped as consultations.

Table 11
Average Payment[1] Per Service by Type of Service and Type of Practitioner

Type of Service[2]	1985-86 Family Practitioners ($)	1985-86 Specialists ($)	1985-86 All Practitioners ($)	1986-87 Family Practitioners ($)	1986-87 Specialists ($)	1986-87 All Practitioners ($)
Complete Assessments	28.98	43.04	30.93	29.41	42.28	30.94
Partial Assessments	13.90	21.50	14.27	15.11	21.65	15.41
Minor Assessments	—	13.95	13.95	—	15.88	15.88
Special Calls	16.74	21.43	17.18	15.99	20.74	16.45
Hospital Care	6.90	9.68	7.58	7.35	10.33	8.11
Psychotherapy	13.65	26.59	17.60	15.24	28.98	19.50
	14.01	**18.04**	**14.51**	**14.95**	**18.40**	**15.36**
Consultations	**32.09**	**48.51**	**46.95**	**35.98**	**52.46**	**50.91**
Laboratory Services	3.28	5.87	4.57	3.39	6.34	4.93
Diagnostic Radiology	22.75	29.52	29.51	23.54	30.66	30.65
Other Diagnostic Procedures	9.87	17.11	15.14	10.37	18.92	16.63
	4.11	**11.13**	**8.13**	**4.30**	**11.87**	**8.77**
Major Surgery	94.64	214.43	188.87	99.26	221.55	196.69
Minor Surgery	14.02	21.50	14.97	13.73	23.06	14.89
Obstetrics	140.83	179.49	154.23	170.63	205.27	182.49
Anaesthesia	33.56	37.41	35.98	38.05	41.29	40.25
Surgical Assistance	29.06	31.72	29.39	28.84	30.48	29.08
	30.47	**93.23**	**56.48**	**31.58**	**96.00**	**59.24**
Major Therapeutic Procedures	23.90	24.36	24.31	26.34	25.13	25.23
Minor Therapeutic Procedures	4.99	6.52	5.24	5.17	7.57	5.55
	5.57	**16.68**	**8.98**	**5.71**	**18.23**	**9.74**
Refractions by Physicians	**21.60**	**25.38**	**23.86**	**23.57**	**29.46**	**26.14**
All Physician Services	**12.57**	**21.41**	**15.32**	**13.41**	**22.82**	**16.42**
Insured Dental Services	**—**	**—**	**55.99**	**—**	**—**	**56.62**
All Optometric Services	**—**	**—**	**28.56**	**—**	**—**	**23.21**
Chiropractic Visit Services	—	—	10.25	—	—	11.13
Chiropractic X-Ray Services	—	—	24.44	—	—	22.61
All Chiropractor Services	**—**	**—**	**10.45**	**—**	**—**	**11.29**
All Services	**12.57**	**21.41**	**15.30**	**13.41**	**22.82**	**16.25**

[1] Retroactive payments made to Physicians and Chiropractors in 1986-87 are included.

[2] The "Introductory Notes", page 18, describe inclusions in these classifications. Services originally paid as initial or complete assessments in 1986-87 but which were retroactively adjusted to consultations are grouped as consultations.

Table 12
Per Cent of Services and Payments[1] by Type of Service

Type of Service[2]	Per Cent of Total Services		Per Cent of Total Payments	
	1985-86	1986-87	1985-86	1986-87
Complete Assessments	3.49	3.21	7.05	6.11
Partial Assessments	32.66	32.00	30.46	30.33
Minor Assessments	1.13	1.11	1.03	1.08
Special Calls	3.64	4.11	4.09	4.16
Hospital Care	9.34	8.84	4.62	4.41
Psychotherapy	1.90	1.86	2.19	2.24
	52.16	**51.13**	**49.44**	**48.33**
Consultations	**2.54**	**2.83**	**7.81**	**8.87**
Laboratory Services	22.02	21.85	6.57	6.62
Diagnostic Radiology	1.76	1.75	3.39	3.30
Other Diagnostic Procedures	5.84	5.82	5.78	5.95
	29.62	**29.42**	**15.74**	**15.87**
Major Surgery	0.73	0.72	9.01	8.77
Minor Surgery	1.64	1.68	1.60	1.54
Obstetrics	0.17	0.16	1.71	1.74
Anaesthesia	1.61	1.58	3.78	3.91
Surgical Assistance	0.45	0.46	0.87	0.82
	4.60	**4.60**	**16.97**	**16.78**
Major Therapeutic Procedures	0.52	0.57	0.82	0.88
Minor Therapeutic Procedures	2.13	2.11	0.73	0.72
	2.65	**2.68**	**1.55**	**1.60**
Refractions by Physicians	**0.26**	**0.18**	**0.41**	**0.29**
All Physician Services	**91.83**	**90.84**	**91.92**	**91.74**
Insured Dental Services	**0.14**	**0.14**	**0.53**	**0.50**
All Optometric Services	**1.75**	**2.04**	**3.26**	**2.91**
Chiropractic Visit Services	6.19	6.88	4.15	4.71
Chiropractic X-Ray Services	0.09	0.10	0.14	0.14
All Chiropractor Services	**6.28**	**6.98**	**4.29**	**4.85**
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] Retroactive payments made to Physicians and Chiropractors in 1986-87 are included.

[2] The "Introductory Notes", page 18, describe inclusions in these classifications. Services originally paid as initial or complete assessments in 1986-87 but which were retroactively adjusted to consultations are grouped as consultations.

Table 13
Resident Physician Services by Type of Service and Type of Practitioner

Type of Service (000's) \ Type of Practitioner	Family Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Psychiatrists	Dermatologists	General Surgeons	Thoracic Surgeons
Visits								
Consultations	33.4	26.8	68.6	16.8	7.0	6.1	39.7	2.3
Special Eye Examination	12.5	—	—	—	—	—	—	—
Complete Examination	352.5	19.3	24.5	2.0	5.9	0.5	13.2	0.4
Partial Examination	3,809.3	53.7	46.5	3.8	6.7	4.6	32.0	1.1
Well Baby Care	39.6	2.0	—	—	—	—	—	—
Other Office Visits	0.3	1.2	—	—	—	—	—	—
Hospital								
Newborn, Premature	13.4	6.9	—	—	—	—	—	—
Other	820.4	44.0	161.7	11.7	19.0	1.3	36.7	1.8
Special Calls and Emergency	458.4	8.1	10.1	0.9	1.4	0.5	7.6	0.1
Psychotherapy								
Base Time[1]	91.9	0.1	0.2	—	53.0	—	0.1	—
Additional Time	71.1	0.1	0.1	—	24.4	—	0.1	—
Major Surgery	8.9	—	0.4	—	—	—	15.2	3.6
Minor Surgery	217.6	2.4	—	—	—	8.4	9.3	—
Surgical Assistance								
Base Time[1]	19.7	—	—	—	—	—	1.3	0.1
Additional Time	29.7	—	—	—	—	—	2.9	0.2
Obstetrics	12.9	—	—	—	—	—	—	—
Anaesthesia								
Base Time[1]	29.2	—	0.1	—	—	—	0.1	—
Additional Time	35.0	—	0.7	—	—	—	—	—
Diagnostic Radiology	—	—	—	—	—	—	—	—
Pathology/Laboratory Services	1,202.2	8.8	9.4	—	—	0.4	11.4	—
Laboratory Tracings	33.5	—	0.2	—	—	—	0.9	—
Diagnostic Ultrasound	0.9	1.3	6.6	—	—	—	—	—
Other Diagnostic and Therapeutic Services	363.6	60.3	234.1	12.8	3.2	3.0	14.4	3.2
Special Diagnostic and Therapeutic Services	143.1	—	0.1	—	—	—	0.4	—
Miscellaneous Services	11.5	1.3	0.6	—	0.1	—	0.3	0.1
Total Services	**7,810.6**	**236.3**	**563.9**	**48.0**	**120.7**	**24.8**	**185.6**	**13.4**

[1] Represents the number of instances these types of services were provided during the year.

Note: Services are grouped using a common national grouping. Services originally paid as complete examinations in 1986-87 but which were retroactively adjusted to consultations are grouped as consultations.

Table 13 (Continued)

Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Urological Surgeons	Obstetricians and Gynaecologists	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists	Diagnostic Radiologists	**Total Services**
37.3	8.2	5.3	13.5	37.4	22.2	30.1	1.7	—	—	**356.9**
—	—	—	—	—	9.9	—	—	—	—	**22.4**
5.8	1.2	0.8	2.6	10.9	6.6	10.7	—	—	—	**456.9**
15.2	3.0	1.7	6.7	33.5	24.3	16.4	—	—	—	**4,058.5**
—	—	—	—	—	—	—	—	—	—	**41.6**
—	—	—	—	0.5	—	—	—	—	—	**2.0**
—	—	—	—	—	—	—	—	—	—	**20.3**
8.9	0.8	5.9	3.3	7.7	0.5	0.9	16.0	—	—	**1,140.6**
2.9	0.7	0.7	0.3	7.1	0.5	0.8	3.9	—	0.2	**504.2**
—	—	—	—	0.4	—	—	—	—	—	**145.7**
—	—	—	—	0.3	—	—	—	—	—	**96.1**
12.6	4.3	1.8	4.2	6.4	5.9	3.9	—	—	—	**67.2**
0.9	6.1	—	0.6	1.1	0.8	5.3	—	—	—	**252.5**
0.1	0.1	0.1	0.4	0.2	—	—	—	—	—	**22.0**
0.4	0.2	0.9	0.7	0.2	—	—	—	—	—	**35.2**
—	—	—	—	6.6	—	—	—	—	—	**19.5**
0.2	—	0.1	—	—	—	—	44.1	—	0.1	**73.9**
0.4	—	0.1	—	—	—	—	82.7	—	—	**118.9**
—	—	—	—	—	—	—	—	—	219.3	**219.3**
0.5	—	—	6.5	52.0	—	—	—	1,310.2	—	**2,601.4**
—	—	—	—	—	—	—	—	—	—	**34.6**
—	—	—	—	2.5	1.8	—	—	—	34.0	**47.1**
4.3	0.3	0.1	13.6	14.6	58.5	114.5	4.6	1.4	5.2	**911.7**
—	—	—	—	18.5	—	—	—	—	1.2	**163.3**
—	—	0.2	—	0.1	—	—	1.3	—	—	**15.5**
89.5	**24.9**	**17.7**	**52.4**	**200.0**	**131.0**	**182.6**	**154.3**	**1,311.6**	**260.0**	**11,427.3**

Table 14
Patients, Services and Payments[1] for Selected Procedures

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 1985-86 to 1986-87
		Patients	Payments	Services	
Electrocardiograms, Vectorcardiograms and Echocardiograms	326,931	145.88	3,297.49	313.95	0.57
Allergy Investigation and Hyposensitization Injections	267,176	17.49	1,222.23	256.56	0.54
Submission of Papanicolau Smear	160,639	270.32	992.10	310.05	-2.57
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	37,876	27.05	884.81	36.37	4.36
Suturing of Wounds	36,532	32.92	1,297.35	35.08	0.52
Delivery — Vaginal	14,280	27.27 f	4,498.41 f	27.56 f	-7.14
— Caesarean	2,762	5.32 f	1,379.07 f	5.33 f	-6.33
Plantar Wart Excision or Fulguration	12,298	7.07	144.21	11.81	16.01
Sigmoidoscopy	10,505	9.02	260.63	10.09	-7.00
Arthrocentesis — Joint Injections Shoulder, Elbow, Knee	9,917	6.65	105.84	9.52	2.26
Artificial Extra Corporeal Haemodialysis	9,691	0.24	287.35	9.31	36.31
Cystoscopy	8,751	7.69	437.88	8.40	11.26
Electroencephalograms or Echoencephalograms	8,638	7.18	188.13	8.29	-3.83
Dilatation and Curettage	7,516	14.06 f	903.12 f	14.51 f	-5.41
Fractures, Open Surgical or Closed Reduction	6,597	5.42	1,085.43	6.33	-1.09
Tonsillectomy (With or Without Adenoidectomy)	3,552	3.39	326.05	3.41	-3.67
Tubal Ligation	3,343	6.44 f	1,042.99 f	6.45 f	-9.66
Cardiac Catheterization	3,075	1.71	293.92	2.95	4.61
Cataract Extraction	2,891	2.61	1,182.28	2.78	8.59
Herniotomy, Inguinal, Femoral or Umbilical — Simple, Strangulated or Recurrent	2,809	2.48	631.70	2.70	1.12
Psychological Testing	2,513	2.33	47.22	2.41	-1.63
Gall Bladder or Other Biliary Tract Surgery	2,394	2.24	830.13	2.30	1.32
Vasectomy	2,250	4.29 m	569.89 m	4.30 m	7.23
Hysterectomy — Abdominal	1,479	2.85 f	916.45 f	2.85 f	4.40
— Vaginal	421	0.81 f	291.93 f	0.81 f	-1.22
Prostatectomy (With or Without Vasectomy)	1,393	2.64 m	1,060.30 m	2.66 m	-7.32
Appendectomy	1,322	1.27	284.43	1.27	-7.30
Therapeutic Abortion	1,112	2.12 f	171.17 f	2.15 f	-7.33
Arthroplasty — Total Hip Replacement	785	0.61	444.10	0.75	-1.32
— Total Knee Replacement	308	0.26	146.81	0.30	25.00
Septoplasty or Submucous Resection	1,068	1.02	264.79	1.03	-1.90
Varicose Veins (Ligation)	1,049	0.41	85.72	1.01	3.06
Genital Prolapse Repair	1,002	1.79 f	503.18 f	1.93 f	-4.93
Electroconvulsive Therapy	862	0.13	17.95	0.83	-42.36
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	500	0.96 f	225.59 f	0.97 f	1.04
Peptic Ulcer Surgery	373	0.34	153.13	0.36	-12.20
Strabismus Operation	366	0.29	72.68	0.35	-20.45
Spinal Disc Excision	346	0.32	183.28	0.33	6.45

1 Retroactive payments made to Physicians in 1986-87 are excluded.

f Rate per 1,000 female beneficiaries.

m Rate per 1,000 male beneficiaries.

Table 15
Patients, Services and Payments[1] for Selected Conditions

Conditions	I.C.D.[2]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination — No Specific Diagnosis	V70	600	181.5	6,817	576
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	530	252.3	7,455	509
Hypertension	401 - 405	298	69.3	3,916	286
Refractive Errors	367	292	199.9	6,412	280
Otitis Media	381 & 382	245	89.3	3,639	235
Ischaemic Heart Disease	410 - 414	234	28.5	4,548	224
Bronchitis	466, 490 & 491	232	109.8	3,147	223
Diseases of the Urinary Tract	580 - 599	224	64.1	3,499	215
Diabetes Mellitus	250	218	21.0	2,253	209
Neuroses	300	180	52.9	2,986	173
Arthritis	710 - 716	174	50.7	2,905	167
Rheumatic Disease	725 - 729	140	74.0	2,545	134
Abdominal Swelling (Abdominal Pain)	Z07*	116	41.8	2,071	111
Cerebrovascular Disease	430 - 438	116	8.6	1,164	111
Symptomatic Heart Disease	428 & 429	111	15.5	1,275	107
Diarrheal Disease	009	111	42.3	1,612	106
Disorders of Menstruation	Z08* & 626	105	69.4 f	3,026 f	202 f
Eczema	690 - 692	104	61.8	1,509	100
Symptoms — Respiratory System	786	95	37.4	1,638	91
Pneumonia	480 - 486	95	19.1	1,182	91
Asthma	493	91	22.2	1,447	88
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	76	60.3 f	1,892 f	147 f
Hay Fever	477	74	18.6	911	71
Anaemias	280 - 285	69	14.6	780	66
Influenza	487	66	38.1	881	63
Vertebrogenic Pain Syndrome	724	60	28.3	979	58
Chronic Sinusitis	473	50	30.5	709	48
Obesity	278	47	18.0	631	45
Gastritis and Duodenitis	535	46	22.0	651	44
Cellulitis and Abscess	681 & 682	44	21.8	649	42
Symptoms — Cardiovascular and Lymphatic System	289, 683 & 785	38	18.0	730	37
Symptoms — Genitourinary Sytem	788	32	11.1	559	30
Alcoholic Psychosis and Alcoholism	291 & 303	30	4.8	423	29
Menopausal Symptoms	627	28	20.2 f	801 f	54 f
Myxedema	244	22	7.7	282	21
Disorders of Functions of Stomach	536	20	11.3	295	19
Ulcer of Duodenum	532	16	5.9	316	16
Varicose Veins of Lower Extremity	454	16	4.4	314	16
Epilepsy	345	16	3.9	246	15
Nervousness and Debility	799	16	4.1	204	15
Cholecystitis and Cholangitis Without Mention of Calculus	575 & 576	15	4.0	500	15
Hypertrophy of Tonsils and Adenoids	474	15	6.0	614	14

[1] Retroactive payments made to Physicians in 1986-87 are excluded.

[2] Ninth Revision International Classification of Diseases, 1977.

Note: M.C.I.C. records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

* M.C.I.C. internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

f Rate per 1,000 female beneficiaries.

Table 16
Turnover of Physicians

	Family Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1982-83[1]	692		354		1,046	
		9.1		9.3		9.2
Still Practising in 1983-84[2]	629		321		950	
Practising in 1983-84[1]	696		352		1,048	
		8.3		6.5		7.7
Still Practising in 1984-85[2]	638		329		967	
Practising in 1984-85[1]	721		371		1,092	
		10.7		6.7		9.3
Still Practising in 1985-86[2]	644		346		990	
Practising in 1985-86[1]	721		383		1,104	
		8.7		7.8		8.4
Still Practising in 1986-87[2]	658		353		1,011	
Practising in 1986-87[1]	755		405		1,160	

[1] Physicians receiving $7,500 or more in the fourth quarter and practising in Saskatchewan under M.C.I.C. coverage at the end of the fiscal year.

[2] Physicians receiving $7,500 or more in the fourth quarter of two consecutive years and practising in Saskatchewan under M.C.I.C. coverage at the end of both fiscal years.

Note: The net number of physicians who entered practice in 1986-87 was 149, the difference between "Practising" (1,160) and "Still Practising" (1,011).

Table 17
Practitioners in Relation to Population and Practice Size

Type of Practitioner[1]	Number of Practitioners		Population Per Practitioner (000's)		Average Number of Patients Per Practitioner[2] (000's)		Average Patient Contacts Per Practitioner[3] (000's)		Per Cent of Beneficiaries Treated	
	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87
Family Practitioners[4]	**718**	**739**	**1.4**	**1.4**	**2.3**	**2.3**	**7.3**	**7.2**	**83.0**	**83.5**
Specialists[4]										
Paediatricians and Medical Geneticists	31	34	33.5	30.6	1.7	1.6	4.9	4.6	4.3	4.4
Internists and Physiatrists	67	73	15.5	14.3	2.3	2.2	4.5	4.3	10.7	10.7
Neurologists	10	10	103.9	104.1	2.1	2.3	3.3	3.4	1.8	1.9
Psychiatrists	23	21	45.2	49.6	0.6	0.6	3.9	4.1	1.1	1.1
Dermatologists	4	5	259.8	208.3	1.4	1.4	3.6	4.1	0.5	0.6
Anaesthetists	40	40	26.0	26.0	1.1	1.0	1.4	1.5	3.6	3.8
General Surgeons	57	56	18.2	18.6	1.0	1.0	2.4	2.7	5.3	5.3
Thoracic Surgeons	6	7	173.2	148.8	0.9	0.8	2.0	1.5	0.5	0.4
Orthopaedic Surgeons	23	25	45.2	41.7	1.6	1.6	3.2	3.3	3.4	3.6
Plastic and Reconstructive Surgeons	8	9	129.9	115.7	1.3	1.3	2.5	2.5	1.0	1.1
Neurological Surgeons	6	6	173.2	173.6	0.9	0.9	2.9	2.5	0.5	0.5
Obstetricians and Gynaecologists	31	29	33.5	35.9	1.5	1.5	3.7	3.9	4.1	3.9
Urological Surgeons	15	15	69.3	69.4	1.3	1.4	2.1	2.3	1.6	1.7
Ophthalmologists	17	12	61.1	86.8	2.9	3.0	4.9	5.2	4.9	3.8
Otolaryngologists	10	11	103.9	94.7	3.0	3.1	5.8	6.2	2.8	3.2
Pathologists	7	7	148.5	148.8	31.0	32.9	—	—	19.5	20.8
Diagnostic Radiologists	31	33	33.5	31.6	5.3	5.3	—	—	12.9	13.6
All Specialists[4]	**386**	**393**	**2.7**	**2.6**	**2.4**	**2.4**	**3.4**	**3.5**	**42.9**	**43.4**
All Physicians[4]	**1,104**	**1,132**	**0.9**	**0.9**	**2.4**	**2.4**	**6.1**	**6.0**	**85.7**	**86.0**
Registered Physicians[5]	**1,419**	**1,470**	**0.7**	**0.7**	—	—	—	—	—	—
Optometrists[4]	**84**	**87**	**12.4**	**12.0**	**2.4**	**2.1**	**2.4**	**2.1**	**19.8**	**17.9**
Registered Optometrists[5]	**95**	**99**	**10.9**	**10.5**	—	—	—	—	—	—
Chiropractors[4]	**83**	**89**	**12.5**	**11.7**	**1.4**	**1.5**	**8.6**	**9.5**	**9.9**	**10.5**
Registered Chiropractors[5]	**95**	**101**	**10.9**	**10.3**	—	—	—	—	—	—

1 Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

2 The size of practice is the number of different persons on whose behalf a claim was paid during the year.

3 A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

4 Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

5 Registered Practitioners:
Resident Saskatchewan Physicians as shown by the College of Physicians and Surgeons of Saskatchewan at the end of the year.
Resident Saskatchewan Optometrists as shown by the Saskatchewan Optometric Association at the end of the year.
Resident Saskatchewan Chiropractors as shown by the Chiropractors' Association of Saskatchewan at the end of the year.

Table 18
Practitioners by Size of Practice

Type of Practitioner[1]	Number of Practitioners[2]	Size of Practice by Range of Patients[3]							
		Less than 500	500-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
Family Practitioners									
Urban:	486	3	27	81	98	85	76	43	73
Association	359	2	11	49	75	68	57	37	60
Solo	127	1	16	32	23	17	19	6	13
Rural:	253	—	16	50	64	49	34	25	15
Association	144	—	5	20	30	32	26	21	10
Solo	109	—	11	30	34	17	8	4	5
All Family Practitioners 1986-87	**739**	**3**	**43**	**131**	**162**	**134**	**110**	**68**	**88**
All Family Practitioners 1985-86	718	6	42	118	160	130	113	70	79
Specialists									
Paediatricians and Medical Geneticists	34	3	9	6	4	7	2	1	2
Internists and Physiatrists	73	7	19	5	6	9	9	3	15
Neurologists	10	—	4	1	2	1	—	—	2
Psychiatrists	21	10	8	2	1	—	—	—	—
Dermatologists	5	1	—	2	1	1	—	—	—
Anaesthetists	40	8	10	15	7	—	—	—	—
General Surgeons	56	4	25	19	6	1	1	—	—
Thoracic Surgeons	7	3	2	1	1	—	—	—	—
Orthopaedic Surgeons	25	2	5	4	5	6	2	—	1
Plastic and Reconstructive Surgeons	9	—	2	4	3	—	—	—	—
Neurological Surgeons	6	1	2	2	1	—	—	—	—
Obstetricians and Gynaecologists	29	—	6	7	9	5	2	—	—
Urological Surgeons	15	1	1	8	4	1	—	—	—
Ophthalmologists	12	—	—	—	2	2	2	2	4
Otolaryngologists	11	—	—	—	2	2	2	3	2
Pathologists	7	—	—	—	—	—	—	—	7
Diagnostic Radiologists	33	—	1	1	—	1	2	2	26
All Specialists 1986-87	**393**	**40**	**94**	**77**	**54**	**36**	**22**	**11**	**59**
All Specialists 1985-86	386	36	99	77	50	39	11	14	60
All Physicians 1986-87	**1,132**	**43**	**137**	**208**	**216**	**170**	**132**	**79**	**147**
All Physicians 1985-86	1,104	42	141	195	210	169	124	84	139
Optometrists 1986-87	**87**	**—**	**—**	**23**	**27**	**16**	**12**	**5**	**4**
Optometrists 1985-86	84	—	—	17	20	15	15	9	8
Chiropractors 1986-87	**89**	**—**	**21**	**37**	**16**	**11**	**2**	**1**	**1**
Chiropractors 1985-86	83	—	28	27	16	7	3	1	1

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Table 19
Practitioners by Range of Patient Contacts

Type of Practitioner[1]	Number of Practitioners[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
Family Practitioners								
Urban:	486	25	98	112	92	89	41	29
Association	359	12	78	83	71	70	28	17
Solo	127	13	20	29	21	19	13	12
Rural:	253	2	31	31	57	45	43	44
Association	144	2	21	21	35	26	23	16
Solo	109	—	10	10	22	19	20	28
All Family Practitioners 1986-87	**739**	**27**	**129**	**143**	**149**	**134**	**84**	**73**
All Family Practitioners 1985-86	718	30	123	128	143	132	88	74
Specialists								
Paediatricians and Medical Geneticists	34	7	11	6	5	3	1	1
Internists and Physiatrists	73	16	26	11	13	4	2	1
Neurologists	10	4	4	—	—	1	1	—
Psychiatrists	21	6	6	4	3	2	—	—
Dermatologists	5	1	2	1	1	—	—	—
Anaesthetists	40	35	3	2	—	—	—	—
General Surgeons	56	24	26	4	1	—	1	—
Thoracic Surgeons	7	5	2	—	—	—	—	—
Orthopaedic Surgeons	25	5	14	5	1	—	—	—
Plastic and Reconstructive Surgeons	9	3	6	—	—	—	—	—
Neurological Surgeons	6	2	3	1	—	—	—	—
Obstetricians and Gynaecologists	29	4	15	6	4	—	—	—
Urological Surgeons	15	6	9	—	—	—	—	—
Ophthalmologists	12	—	4	5	1	2	—	—
Otolaryngologists	11	—	3	4	—	4	—	—
All Specialists 1986-87	**353**	**118**	**134**	**49**	**29**	**16**	**5**	**2**
All Specialists 1985-86	348	117	127	59	23	15	4	3
All Physicians 1986-87	**1,092**	**145**	**263**	**192**	**178**	**150**	**89**	**75**
All Physicians 1985-86	1,066	147	250	187	166	147	92	77
Optometrists 1986-87	**87**	**49**	**34**	**2**	**2**	**—**	**—**	**—**
Optometrists 1985-86	84	36	43	2	2	1	—	—
Chiropractors 1986-87	**89**	**—**	**3**	**7**	**26**	**16**	**19**	**18**
Chiropractors 1985-86	83	—	2	15	23	17	13	13

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

Table 20
Practitioners by Place of Graduation[1]

Type of Practitioner[2]	Number of Practitioners[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
Family Practitioners									
Urban:	486	191	62	11	131	8	69	13	1
Association	359	163	48	5	89	4	41	8	1
Solo	127	28	14	6	42	4	28	5	—
Rural:	253	55	36	2	81	3	46	30	—
Association	144	49	25	—	30	1	25	14	—
Solo	109	6	11	2	51	2	21	16	—
All Family Practitioners 1986-87	**739**	**246**	**98**	**13**	**212**	**11**	**115**	**43**	**1**
All Family Practitioners 1985-86	718	235	97	10	214	13	113	33	3
Specialists									
Paediatricians and Medical Geneticists	34	4	8	2	6	—	12	2	—
Internists and Physiatrists	73	19	25	4	9	2	9	4	1
Neurologists	10	1	1	1	3	—	4	—	—
Psychiatrists	21	3	5	—	3	1	9	—	—
Dermatologists	5	1	3	—	1	—	—	—	—
Anaesthetists	40	17	6	—	12	1	4	—	—
General Surgeons	56	11	18	1	11	1	13	1	—
Thoracic Surgeons	7	—	1	2	2	—	2	—	—
Orthopaedic Surgeons	25	7	6	1	8	1	2	—	—
Plastic and Reconstructive Surgeons	9	3	3	—	1	1	1	—	—
Neurological Surgeons	6	1	1	—	1	—	2	1	—
Obstetricians and Gynaecologists	29	5	5	—	9	2	4	4	—
Urological Surgeons	15	4	10	—	—	—	1	—	—
Ophthalmologists	12	4	5	—	3	—	—	—	—
Otolaryngologists	11	6	2	—	1	—	2	—	—
Pathologists	7	—	2	—	3	—	1	1	—
Diagnostic Radiologists	33	13	7	—	4	3	5	1	—
All Specialists 1986-87	**393**	**99**	**108**	**11**	**77**	**12**	**71**	**14**	**1**
All Specialists 1985-86	386	91	107	11	79	14	70	14	—
All Physicians 1986-87	**1,132**	**345**	**206**	**24**	**289**	**23**	**186**	**57**	**2**
All Physicians 1985-86	1,104	326	204	21	293	27	183	47	3
Optometrists 1986-87	**87**	**—**	**84**	**3**	**—**	**—**	**—**	**—**	**—**
Optometrists 1985-86	84	—	82	2	—	—	—	—	—
Chiropractors 1986-87	**89**	**—**	**83**	**6**	**—**	**—**	**—**	**—**	**—**
Chiropractors 1985-86	83	—	77	6	—	—	—	—	—

[1] The place of graduation is the location at which the first medical, optometric, or chiropractic degree was obtained.

[2] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

Table 21
Practitioners by Age Group

Type of Practitioner[1]	Number of Practitioners[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
Family Practitioners						
Urban:	486	128	166	87	79	26
Association	359	117	121	55	51	15
Solo	127	11	45	32	28	11
Rural:	253	49	74	72	47	11
Association	144	32	47	38	22	5
Solo	109	17	27	34	25	6
All Family Practitioners 1986-87	**739**	**177**	**240**	**159**	**126**	**37**
All Family Practitioners 1985-86	718	179	213	168	126	32
Specialists						
Paediatricians and Medical Geneticists	34	2	14	11	5	2
Internists and Physiatrists	73	5	32	21	12	3
Neurologists	10	—	3	4	3	—
Psychiatrists	21	1	3	11	4	2
Dermatologists	5	1	1	—	3	—
Anaesthetists	40	9	12	7	8	4
General Surgeons	56	4	8	23	14	7
Thoracic Surgeons	7	1	2	3	—	1
Orthopaedic Surgeons	25	2	12	4	6	1
Plastic and Reconstructive Surgeons	9	1	4	1	3	—
Neurological Surgeons	6	—	2	2	2	—
Obstetricians and Gynaecologists	29	1	10	8	9	1
Urological Surgeons	15	4	4	5	2	—
Ophthalmologists	12	1	2	3	5	1
Otolaryngologists	11	2	4	3	2	—
Pathologists	7	1	1	1	4	—
Diagnostic Radiologists	33	5	13	5	9	1
All Specialists 1986-87	**393**	**40**	**127**	**112**	**91**	**23**
All Specialists 1985-86	386	46	116	109	95	20
All Physicians 1986-87	**1,132**	**217**	**367**	**271**	**217**	**60**
All Physicians 1985-86	1,104	225	329	277	221	52
Optometrists 1986-87	**87**	**29**	**23**	**10**	**20**	**5**
Optometrists 1985-86	84	26	24	12	20	2
Chiropractors 1986-87	**89**	**36**	**27**	**8**	**14**	**4**
Chiropractors 1985-86	83	36	21	10	12	4

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

Table 22
Average Payment[1] (000's) Per Resident Practitioner[2] by Specialty and Range of Paid Amount

	Type of Practitioner[3]							
	All Physicians		Family Practitioners					
			Urban Association		Rural Association		Urban Solo	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	158.7	1,132	126.0	359	138.8	144	138.2	127
Highest Paid	4,351.5		295.6		277.8		327.9	
Less than $ 30,000	13.0	154	13.3	51	13.4	9	11.2	28
$ 30,000 - $ 39,999	36.6	33	36.5	10	35.6	4	36.8	2
$ 40,000 - $ 59,999	50.8	85	51.1	42	48.5	8	48.5	9
$ 60,000 - $ 79,999	70.7	104	70.5	39	69.9	17	73.0	17
$ 80,000 - $ 99,999	89.5	102	89.6	41	89.0	9	89.7	12
$100,000 - $119,999	109.5	118	110.5	48	110.2	13	109.0	17
$120,000 - $139,999	130.4	116	130.4	38	129.0	19	130.1	12
$140,000 - $159,999	150.3	122	150.6	41	150.7	24	150.6	11
$160,000 - $179,999	169.7	113	168.2	35	171.1	17	167.8	14
$180,000 - $199,999	189.3	100	188.9	27	189.8	14	189.0	16
Over $200,000	306.1	239	233.3	38	231.4	19	251.5	17
Total	**141.3**	**1,286**	**111.9**	**410**	**131.4**	**153**	**115.2**	**155**

	Neurologists		Psychiatrists		Dermatologists		Anaesthetists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	180.0	10	153.5	21	87.1	5	134.8	40
Highest Paid	590.3		332.4		128.6		237.9	
Less than $ 30,000	—	—	15.0	11	—	—	16.3	3
$ 30,000 - $ 39,999	—	—	—	—	34.4	1	35.8	2
$ 40,000 - $ 59,999	49.3	1	53.8	4	—	—	50.6	4
$ 60,000 - $ 79,999	68.8	2	72.7	2	—	—	68.0	2
$ 80,000 - $ 99,999	91.6	2	90.2	3	90.8	3	92.4	1
$100,000 - $119,999	117.1	1	—	—	—	—	103.4	3
$120,000 - $139,999	124.8	2	136.2	2	128.6	1	134.5	5
$140,000 - $159,999	—	—	—	—	—	—	149.3	9
$160,000 - $179,999	—	—	—	—	—	—	171.0	9
$180,000 - $199,999	—	—	188.7	2	—	—	190.7	3
Over $200,000	531.4	2	242.9	8	—	—	225.5	2
Total	**180.0**	**10**	**105.9**	**32**	**87.1**	**5**	**126.5**	**43**

	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists		Otolaryngologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	219.6	29	166.3	15	282.9	12	300.0	11
Highest Paid	399.0		278.2		501.8		535.6	
Less than $ 30,000	16.9	2	—	—	—	—	—	—
$ 30,000 - $ 39,999	—	—	—	—	—	—	—	—
$ 40,000 - $ 59,999	—	—	58.9	1	—	—	—	—
$ 60,000 - $ 79,999	74.1	2	—	—	—	—	—	—
$ 80,000 - $ 99,999	82.2	1	—	—	—	—	—	—
$100,000 - $119,999	118.5	1	104.6	1	—	—	106.2	1
$120,000 - $139,999	126.7	2	—	—	—	—	134.0	1
$140,000 - $159,999	144.5	2	150.7	4	159.4	1	—	—
$160,000 - $179,999	168.5	3	173.3	3	161.9	2	—	—
$180,000 - $199,999	184.7	1	186.0	5	195.7	1	181.0	1
Over $200,000	281.5	17	278.2	1	339.5	8	359.8	8
Total	**206.5**	**31**	**166.3**	**15**	**282.9**	**12**	**300.0**	**11**

1 Represents gross payments, including retroactive payments, by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payments should not be taken to represent total professional income since the practitioners may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

2 Includes Physicians, Chiropractors, and Optometrists resident in Saskatchewan at the end of the year.

Table 22 (Continued)

Type of Practitioner[3]									
		All Family Practitioners		All Specialists					
Rural Solo						Paediatricians and Medical Geneticists		Internists and Physiatrists	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
159.9	109	135.6	739	202.2	393	139.1	34	177.2	73
425.5		425.5		4,351.5		462.9		652.5	
13.7	12	12.8	100	13.3	54	8.7	5	15.0	15
37.7	3	36.5	19	36.7	14	35.9	2	37.5	7
50.7	3	50.4	62	51.9	23	51.0	3	51.5	3
70.0	7	70.9	80	70.0	24	68.9	6	69.9	9
93.8	9	90.1	71	88.3	31	91.3	3	84.5	7
111.1	12	110.2	90	107.3	28	114.5	2	107.5	5
132.4	19	130.5	88	129.9	28	128.6	3	125.8	2
146.0	7	150.2	83	150.5	39	153.4	6	151.3	6
172.5	12	169.4	78	170.3	35	174.5	1	174.1	2
190.0	8	189.2	65	189.5	35	187.5	4	194.2	2
254.2	29	241.8	103	354.8	136	339.0	4	295.5	30
145.4	**121**	**120.9**	**839**	**179.4**	**447**	**122.3**	**39**	**149.5**	**88**

General Surgeons		Thoracic Surgeons		Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
146.1	56	230.7	7	211.5	25	188.4	9	182.7	6
300.4		363.1		574.6		261.2		313.5	
11.0	5	—	—	—	—	—	—	0.1	1
34.6	1	—	—	38.6	1	—	—	—	—
52.1	4	—	—	51.9	1	—	—	—	—
71.8	1	—	—	—	—	—	—	—	—
90.8	7	90.1	1	81.0	1	—	—	81.8	1
106.3	8	—	—	107.5	4	—	—	100.1	1
128.5	6	123.6	1	134.2	2	—	—	—	—
153.6	4	—	—	141.2	1	150.2	2	152.3	2
169.7	8	—	—	170.3	1	166.8	3	—	—
191.3	10	—	—	192.6	2	188.8	1	—	—
246.6	7	280.3	5	310.1	12	235.3	3	304.8	2
135.0	**61**	**230.7**	**7**	**211.5**	**25**	**188.4**	**9**	**156.6**	**7**

Pathologists		Diagnostic Radiologists		Optometrists		Chiropractors	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
1,219.1	7	272.8	33	66.0	87	108.4	89
4,351.5		715.7		218.0		203.0	
0.1	1	13.3	11	16.5	11	15.9	10
—	—	—	—	35.9	13	35.2	3
—	—	49.4	2	49.4	34	54.7	4
—	—	—	—	71.5	21	71.6	17
81.5	1	—	—	86.1	10	88.6	15
101.0	1	—	—	104.8	5	108.3	15
—	—	126.0	1	129.7	1	128.2	14
—	—	142.6	2	—	—	148.9	13
—	—	173.6	3	162.9	1	169.2	5
—	—	189.2	3	198.7	1	186.7	2
1,670.3	5	336.5	22	218.0	1	203.0	1
1,066.7	**8**	**207.9**	**44**	**60.4**	**98**	**99.1**	**99**

[3] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

Table 23
Average Payment Per Practitioner by Specialty, 1981-82 to 1986-87

Type of Practitioner[1]	Average Payment[2] (000's)						Average Annual Per Cent Change 1981-82 to 1986-87
	1981-82	1982-83	1983-84	1984-85	1985-86	1986-87	
Family Practitioners							
Urban:	92.8	108.7	116.4	117.8	122.9	129.1	6.83
Association	88.9	105.9	111.5	116.0	120.6	126.0	7.22
Solo	102.5	115.1	128.9	122.5	129.4	138.2	6.16
Rural:	102.3	123.0	129.0	136.7	140.2	147.9	7.65
Association	103.2	122.8	126.3	133.0	134.9	138.8	6.11
Solo	100.7	123.2	132.9	142.7	147.0	159.9	9.69
All Family Practitioners	**96.9**	**114.5**	**121.5**	**125.0**	**129.0**	**135.6**	**6.95**
Specialists							
Paediatricians and Medical Geneticists	108.0	111.6	115.0	120.3	137.1	139.1	5.19
Internists and Physiatrists	115.6	131.7	141.8	152.6	170.6	177.2	8.92
Neurologists	114.5	136.2	126.1	154.8	160.5	180.0	9.47
Psychiatrists	108.2	127.0	113.4	125.8	133.1	153.5	7.24
Dermatologists	84.9	82.3	85.7	93.1	79.0	87.1	0.51
Anaesthetists	93.6	105.4	119.3	127.8	122.5	134.8	7.57
General Surgeons	99.5	118.7	122.4	125.1	133.4	146.1	7.99
Thoracic Surgeons	132.2	167.2	185.7	222.2	252.4	230.7	11.78
Orthopaedic Surgeons	128.9	154.9	175.2	188.9	200.7	211.5	10.41
Plastic and Reconstructive Surgeons	127.1	148.4	166.8	166.7	177.9	188.4	8.19
Neurological Surgeons	92.5	97.9	135.2	144.7	158.0	182.7	14.58
Obstetricians and Gynaecologists	139.7	170.2	178.0	182.2	191.5	219.6	9.47
Urological Surgeons	105.9	137.4	140.7	146.6	145.4	166.3	9.45
Ophthalmologists	128.6	136.0	165.1	184.2	209.8	282.9	17.08
Otolaryngologists	205.6	236.4	239.6	299.2	267.7	300.0	7.85
Pathologists	743.8	1,112.3	962.4	951.8	1,042.0	1,219.1	10.39
Diagnostic Radiologists	151.0	202.0	240.4	250.7	261.7	272.8	12.56
All Specialists	**125.7**	**148.0**	**159.4**	**172.5**	**185.1**	**202.2**	**9.97**
All Physicians	**107.1**	**126.0**	**134.6**	**141.3**	**148.6**	**158.7**	**8.18**
Optometrists	**50.8**	**57.7**	**63.6**	**65.3**	**69.7**	**66.0**	**5.37**
Chiropractors	**70.3**	**73.1**	**78.5**	**78.5**	**91.6**	**108.4**	**9.05**

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Chiropractors, Optometrists, and Physicians, receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan under M.C.I.C. coverage at the end of the year.

[2] Represents gross payments, including retroactive payments, by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payment should not be taken to represent total professional income since practitioners may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

Table 24
Physician Payments by Specialty Group

	Family Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina[3]	165	122.7	46	235.0	61	212.3	35	290.1
Saskatoon[3]	179	114.5	79	117.2	79	196.0	43	271.4
Moose Jaw	32	117.0	5	165.6	8	159.2	—	—
Prince Albert	40	158.5	7	194.3	7	161.9	2	*
Yorkton	20	146.4	2	*	3	201.8	—	—
Swift Current	15	193.4	2	*	4	172.6	—	—
North Battleford	19	156.2	1	*	3	220.0	—	—
Estevan	8	202.7	—	—	1	*	—	—
Weyburn	8	189.8	—	—	—	—	—	—
All Other Locations	253	147.9	1	*	4	107.9	—	—
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year								
≥ $30,000	688	136.9	136	160.7	163	198.7	77	294.0
≥ $40,000	672	139.3	126	170.5	161	200.7	75	300.9
2. Resident Full Year								
≥ $30,000	691	139.9	138	165.2	164	199.4	73	305.6
≥ $40,000	680	141.6	130	173.1	162	201.4	72	309.4
3. Resident and Active in Two Consecutive Years								
≥ $30,000	665	142.4	130	171.7	157	203.1	71	312.9
≥ $40,000	658	143.5	127	174.9	156	204.2	70	316.8
4. Resident During Any Portion of the Year								
≥ $30,000	775	132.2	146	159.3	179	190.5	87	270.7
≥ $40,000	741	136.6	135	169.3	174	195.0	85	276.2
5. Person-Year Equivalents[4]								
≥ $30,000	744.4	137.6	143.2	162.4	173.3	196.8	82.3	286.1
≥ $40,000	723.4	139.9	133.2	171.6	169.6	200.0	80.7	290.9
6. Resident at Year End With Payments ≥ $7,500 in Each Quarter of the Year	652	144.4	127	175.3	161	202.4	67	327.5
7. Resident at Year End and Not in Teaching Institutions	706	138.5	86	211.5	140	210.1	61	345.6
C. By Place of Graduation:[2]								
Saskatchewan	246	132.4	28	163.0	41	216.0	30	191.6
Canada, Other Than Saskatchewan	98	112.2	42	121.3	51	179.7	15	479.9
United Kingdom and Eire	212	151.7	22	142.4	36	179.6	19	221.3
Asia	115	132.6	34	214.9	27	199.3	10	450.2
Other Areas	68	135.6	17	178.1	15	238.0	6	212.2
D. By Age Group:[2]								
Under 35	177	110.9	9	140.7	16	174.0	15	194.1
35 - 44	240	144.9	53	145.9	48	221.5	26	197.9
45 - 54	159	146.8	47	190.2	52	184.7	13	287.4
55 - 64	126	146.2	27	171.9	43	210.1	21	498.0
65 +	37	108.0	7	77.7	11	125.2	5	135.1

[1] Physicians are grouped as follows:

- Medical Specialists include Paediatricians, Internists, Neurologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians receiving $30,000 or more in Commission payments, including retroactive payments, during the year and practising in Saskatchewan at the end of the year.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

* Not shown, to preserve confidentiality.